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MANIPAL
UNIVERSITY
CENTRAL REFERRAL HOSPITAL - SMIMS

Documented Procedure

TITLE: PATIENT DIETARY SERVICE MANAGEMENT

DOCUMENT NO: SOP/CRH/COPI/PSM/06

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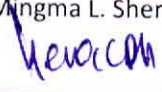
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Standard Operating Procedure

Patient Dietary Service Management

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Amendment Details

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SOP on Hospital dietary services

1. Definition

Dietary service is one of the support services that aims at providing clean, hygienic and nutritious diet to patients according to their nutritional assessment and caloric requirement.

2. Scope

It is applicable to indoor and outdoor patients of CRH.

3. Objectives

- To plan and serve nutritionally well balanced food for all inpatients.
- To educate all inpatients during hospitalization and at the time of discharge for Therapeutic diet requirements
- Outpatients diet counselling



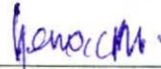
4. Organogram

Head operations

Operations executive ↔ Dietician

Kitchen Manager

Utility staff, Service Staff, Production staff

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5. Roles and responsibilities of Dietician

- Plan menus for inpatients in co-ordination with treating consultant
- Verifies and sending diet slips to the kitchen prepared by nursing staff and maintains a record
- Meets patients individually and informs them regarding their nutritional requirement and plan of diet
- Checks for changes in diet as mentioned by the treating doctor and accordingly makes changes in the diet chart
- Visits inpatients on a daily basis and ensures dietary needs are met and documents their nutritional assessment.
- Tastes food prepared on a daily basis to ensure quality
- Takes steps to ensure that hygiene standards are maintained in the kitchen
- Educates patients/ relatives regarding diet for patients getting discharge
- Participate in interdisciplinary team rounds as appropriate Screen patients admitted to assigned units to determine nutrition risk
- Assist in the education of students and interns and helps orient new employees
- Educate the patients discharged regarding their nutrition

6. Roles and responsibilities of Kitchen Supervisor

- Discusses the requirement of the department with the management

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- Plans the budget and monitors the functioning of the department as per the quality standards of the hospital
- Monitors the financing part of the department
- Conducts periodic audits to monitor the quality standard of the department
- Ensures supply of safe food throughout the hospital
- Ensures finest quality of food
- Monitors the day to day activities of the department
- Selects the vendors for obtaining various food items
- Raises the bills and sends to the accounts department
- Checks the quality of the food items received
- Checks proper storage of the food items as well as chemicals and reagents
- Monitors quality of food making as well as service standards
- Checks unnecessary wastage, theft, pilferage
- Maintaining sanitation standards in the department
- Monitors the hygiene standards of the staff
- Ensure timely service of food to all patient
- Ensures uniform quality standard of food for all patients
- Proper maintenance of cutleries and crockery.
- Addresses complaints if any regarding food or service quality
- Monitoring rosters for the kitchen staff
- Monitoring the structural standards of the department and rectify if any
- Ensures safety of the department and prevent any mis-happening
- Ensures proper handling of waste and chemicals

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- Addresses staff grievances if any

7. Layout

7.1 Receiving area--The kitchen shall have an entrance and an exit.

7.2 Storage area- Then there shall be storage area. This area is again divided into 2 areas-

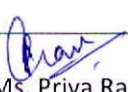


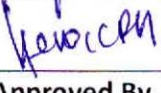
- Dry storage for items like pulses, rice, fruits, vegetables, salt, sugar and other dry items
- Wet storage for items like milk, curd, ghee, juices, etc

Items like milk, butter, fruits, vegetables, juices, ice creams etc can also be kept in a separate area called the cold storage where temp of 0 degree shall be maintained

After the storage area there shall be a Dishwashing area. This area shall be away from the cooking area so as to maintain hygiene of the food being prepared.

7.3 Chopping Area- Next to the washing area there shall be the chopping area. Here the vegetables and fruits shall be chopped and made ready to cook

7.4 Cooking Area- The cooking area shall lie next to the chopping area. This area shall be restricted to the cook and the stewards or bearers and minimum traffic flow shall be observed here. This area shall be equipped with chimneys and exhausts to evacuate the smoke and heat generated.

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7.5 Food pickup counter- The food prepared is packed into individual patient trays, and picked up from this counter as per the diet sheet. It is loaded into the trolleys after it is checked by the dietician.

7.6 Trolley area- Trolleys have two chambers. One chamber is heated by element and the other is ambient. Hot food is kept in the hot chamber and cold foods like desserts, salad etc are kept in ambient chamber.

7.7 Exit- Finally the trolley laden with food is taken out through the exit doors and then carried to the wards and served to the patients

8. Workflow

8.1 Nutritional assessment and reassessment

- Nutritional assessment is done for all patients within 24 hours of admission. The nutrition form of the admission record which helps the dietician to screen all patients for nutritional status and requirements
- If the patient is identified as malnourished a detailed nutritional assessment is carried out to certain if the patient is at nutritional risk (part of nutritional assessment form)
- The nutritionally risk group is identified and special nutritional plan is prepared and recorded in the inpatient record.
- Nutritional assessment will be done for all patients irrespective of what type of diet (eg; normal, diabetic, renal, liquid etc.) they may be prescribed.
- Nutritional assessment will be documented as a template in the EMRD records.
- Nutritional assessment will not be done for patients who are NPO.

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- Reassessment will be done for people on special diets only.
- Reassessment will not be done for patients who remain on normal diets throughout their hospital stay.
- Reassessment will be documented in the patients' progress notes.

8.2 Process of Diet Ordering

- The doctor after visiting the patient prescribes the type of diet according to patient's condition and drug considerations.
- The patient is counselled by the nursing staff for opting hospital diet which includes informing the patient about the menu and dietary benefits.
- If the patient opts for hospital diet, further process is followed, or else the patient is allowed to eat home food.

8.3 Process of Diet Slip generation

Once the patient opts for hospital diet, diet slip is generated by the nursing staff everyday till the patient gets discharged.

Along with diet slip generation a compiled record of patient's diet is also maintained.

The diet book containing the diet slips along with the daily record is then sent to ADNS for verification.

8.4 Process of Diet verification

The ADNS verifies the diet slips as per the record, counter signs and sends it to the dietician for compilation of total number of patient diets

Diet slips are then sent to the kitchen for food preparation

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8.5 Process of Diet preparation

Food is prepared according to number of diet slips received.

Provision is made for preparation of extra food in order to cater to new admissions, on receiving respective diet slips

Food after being prepared is tasted by the dietician/operations executive to check the appearance, taste and consistency.

If required corrections are suggested and done immediately. Process is as under:

8.6 Food tasting process

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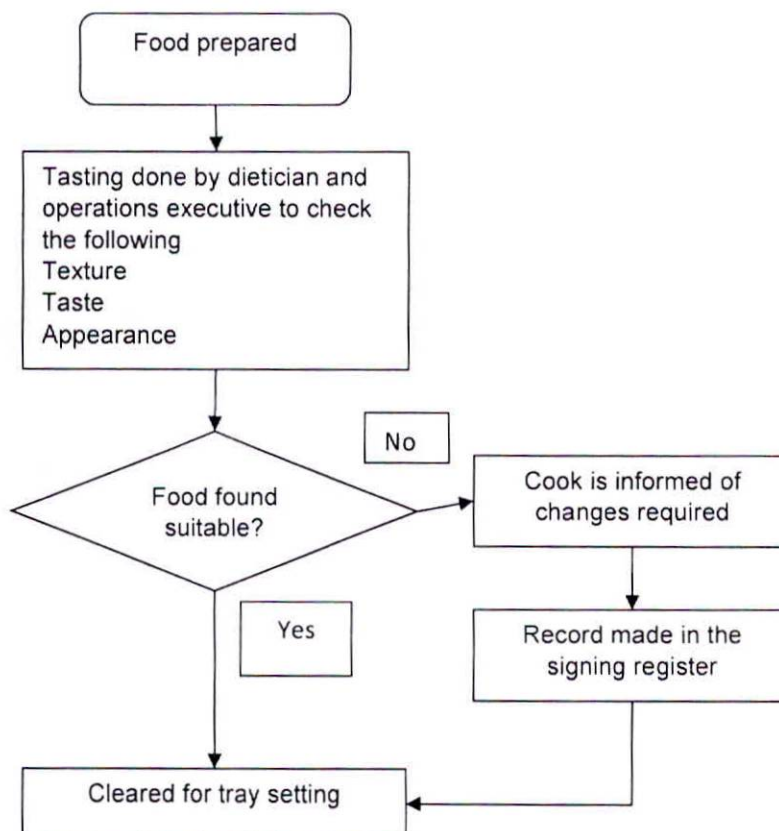
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8.7 Process of diet dispensing

According to the diet slips received, food is served to the patients

8.8 Procedure for Diet Changes

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Diet order changes are initiated by a physician or registered nurse practitioner and are recorded in the patient record.

- Food Services are notified of diet orders by telephone, followed by diet slip. Each new diet ordered by a physician automatically cancels all previous diet orders. The new order includes any part of the previous order that is still to be continued.

When a patient has been transferred to another unit, the receiving unit will notify the kitchen of the transfer and follow-up.

8.9 Diet Service Workflow

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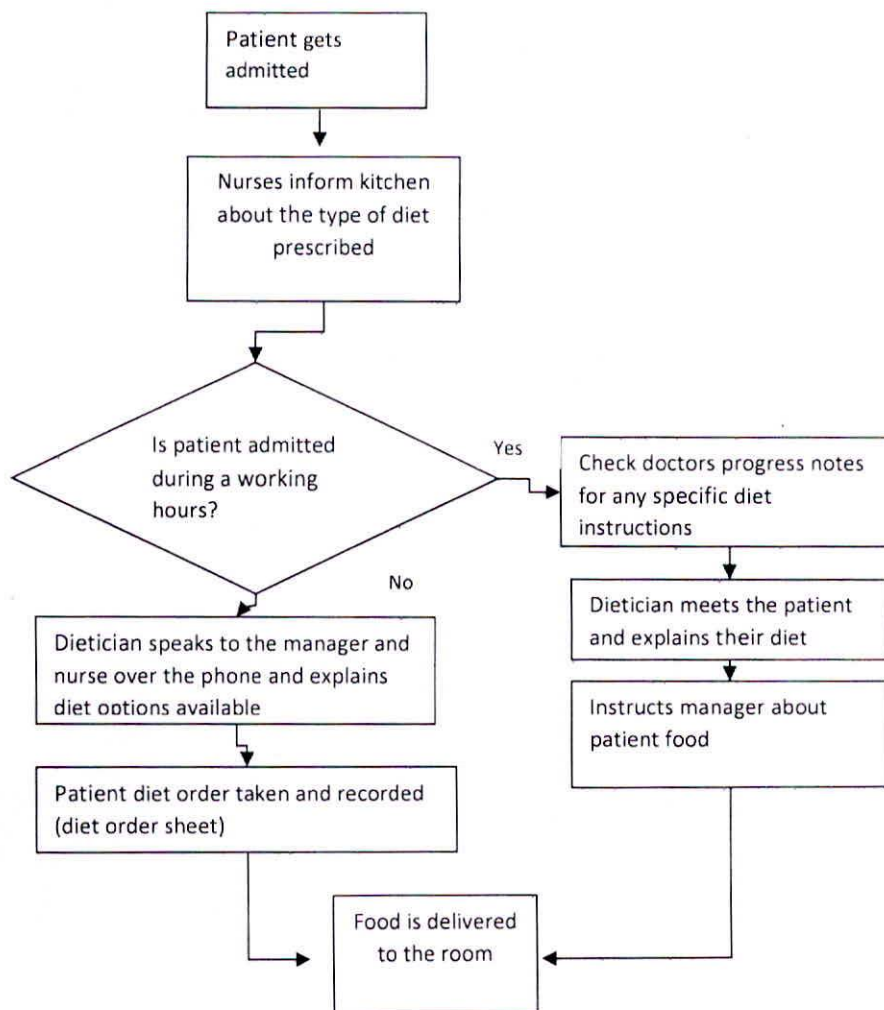
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9. Types of Patient Diet

9.2 Therapeutic liquid Diet

It is one that includes foods that are liquids or liquefy at room temperature. The main purpose of this diet is to provide oral nourishment that is well tolerated by patients who are acutely ill and who are unable to swallow or chew solid foods or otherwise recovering from a surgery.

9.3 Therapeutic Semi Solid diet

It is basically a soft diet in a pourable consistency. It includes porridges, thin khichdi, and blended rice with dal, strained soups. It is a transition between a liquid and a solid diet.

9.4 Therapeutic Normal diet (High calorie high protein diet, Renal diet, Dialysis Diet)

Is a balanced diet including optimum amount of food from each food groups so as to meet the nutritional requirements of the patients.

9.5 Therapeutic Diabetic Diet

Is one in which the dietary intake is carefully controlled day to day; it implies assurance that total amounts do not increase calorie consumption above the optimum level, as well as appropriate consistency in timing, division, amounts and characteristics of carbohydrates consumed.

9.6 Therapeutic Enteral feed (Standard tube feed, High calorie high protein feed, Diabetic feed, Renal feed, Hepatic Feed)

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Liquids or blenderized diets designed to provide essential nutrients in a form that will easily pass through a tube. Tube feeding may be conveyed either through naso gastric tube or through a gastrostomy or jejunostomy. They may vary from a homogenized or blenderized mixture of foods. Selected carefully formulated to meet specific therapeutic needs.

Note: Refer to the SOP on Implementation of Therapeutic diet with document number CRH/DM/01

10. Monitoring food intake

10.1 The nursing staff is responsible for overseeing the monitoring of the food intake of patients on their wards.

10.2 Tray collection should be supervised closely to enable monitoring of patients' food intake.

10.3 The food intake of all patients should be registered by means of a semi-quantitative system.

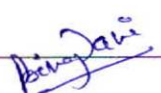
10.4 The food intake of all patients at nutritional risk and receiving nutritional support should be registered by means of dietary records.

10.5 Information from the catering department about the portion size and energy content of hospital food should be available, to aid ward personnel in noting the food intake of patients.

10.6 The appropriate personnel on the wards should be trained in how to monitor food intake.

11. Storage

11.1 Frozen and refrigerated storage

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- Frozen foods are stored promptly at -18°C (0°F) or lower. Refrigerated foods are stored at 7°C (45°F) or lower.
- The oldest products are used first, observing FIFO (first in, first out) procedures.
- All products are stored at least twelve inches off the floor.
- Leftovers are covered tightly and refrigerated or frozen. These are, labeled and dated. Hot leftover items are refrigerated in shallow pans, stirred frequently to aid cooling, covered, and labeled.

11.2 Dry storage

- All items are stored using FIFO system.
- The oldest products are used first, observing FIFO procedures.
- All products are stored at least six inches off the floor, and a minimum of eighteen inches from the ceiling
- Store room is maintained at 45° to 65° Fahrenheit range.

11.3 Chemical storage

- All chemicals are separate from foods and supplies.
- The chemical storage areas are clearly identifiable.
- All products are stored at least six inches from the floor on shelves and a minimum of eighteen inches from the ceiling.

12. Hygiene & Sanitation

- Supplies are clearly labeled. Supplies are stored in such a way as to be easily identifiable. No items are accepted that are not clearly labeled

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- Items not identifiable are destroyed. Leftover items are covered and marked as to item, date prepared, and date by which they should be used. Foods of a certain type are to be kept together and separated from other items.
- All non-food supplies are stored in an area separate from that in which food supplies are stored.
- Food is procured from sources that provide assurance that the food is processed under regulated quality and sanitation controls.
- Food is protected from contamination and spoilage.
- Thermometers are in each refrigerator and freezer.
- Food in open containers or cooked foods are covered, dated, and refrigerated.
- Fresh meats are not stored above other food items.
- Freezers are scraped periodically to remove ice and dirt.
- Food in storeroom (dry goods) is kept at 50 to 70 degrees. All food items are stored twelve inches off the floor and not within eighteen inches of the ceiling.
- Storeroom and walk-ins are swept and mopped daily.
- An exterminator is contracted by the hospital and attends to Food Service areas twice a month.
- Adequate hand washing and hand-drying facilities are located in convenient places throughout the food service areas.
- A disinfectant soap dispenser is above all hand sinks.
- Thorough cleansing and sanitizing of all working surfaces, utensils, and equipment occurs after each period of use. Equipment is constructed of non-toxic material and easily cleaned, kept in good repair, and not used when chipped, cracked, rusted, or badly worn or in such condition as to make difficult to clean and sanitize.
- All working surfaces, utensils, and equipment are washed and rinsed with a food-safe disinfectant. Items that can be sent through the dish machine are sent through. All equipment or utensils are stored so as to remain clean, dry, and dust free.

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- Cutting boards are made of non-absorbent material and are washed and sanitized between uses.
- The holding, transferring and disposing of garbage is done as follows: Garbage is held in food preparation area in garbage cans which are lined with a plastic liner and fitted with a lid. At frequent intervals the plastic containers are removed to the back dock area.
- Garbage containers are leak-proof and non-absorbent and have close-fitting covers. Garbage is kept in durable containers which do not leak. Plastic liners are used in all garbage containers, and containers have tight-fitting covers in place at all times. Garbage containers are emptied or removed outside the preparation area at frequent intervals.
- Plastic ware or similar items that have lost their glaze or are chipped or cracked are disposed of immediately
- Lighting and Ventilation. Lighting, ventilation and humidity are controlled to prevent the condensation of moisture where moulds and bacteria might grow.
- Cafeteria and storeroom are equipped with swamp cooler, heater and sufficient fluorescent lighting. Equipment is in good working condition.
- Vented hoods over grills, deep-fryers and island area are used to remove condensation and grease from the kitchen.
- Contamination is avoided in making, storing, and dispensing ice through appropriate use and cleaning procedures.
- No food or supply items are stored on or in the machine.
- Unauthorized personnel are kept out of the food service area. Persons not employed by Food Services are not allowed behind the serving line or in the areas where food is being prepared.
- Delivery persons are allowed to bring food and supplies from dock to walk-in refrigerator and storeroom.
- Disposable Trays.
- Patients in isolation are given their meal on disposable trays to prevent the spread of disease.

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Documented Procedure

TITLE: PATIENT DIETARY SERVICE MANAGEMENT

DOCUMENT NO: SOP/CRH/COP/PDSM/06

REVISION NO: 00

REVISION DATE: 00

VERSION NO. 01

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- Disposable items are used in serving isolation patients.

13. Dish washing

- Dish washing and utensil-washing equipment and techniques sanitize service ware and prevent contamination. Automatic dish washing equipment is operated according to manufacturer's instructions and in accordance with temperatures, cleaning agents, and sanitizers.
- All dishes, utensils, and durable plastic ware are washed at a temperature of 120° to 140° with a chlorinated detergent. Rinsing is done at a water temperature of 180° or higher. Temperatures are recorded.
- Durable plastic ware is pre-soaked, run through the dish machine on a flat rack, then sorted and loosely placed in holders with food-contact portion upward and run through the dish machine a second time, then allowed to air-dry. Plastic wares which have lost their glaze are discarded.
- Machines are checked monthly to insure proper operation.
- Any item that is too light to be properly washed in the dish machine is considered to be disposable. Styrofoam trays and cups, plastic utensils, pie tins, and paper cups are discarded after one use.

14. Staff Personal Health and Hygiene

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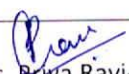


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- The hygiene standard of the kitchen staff is of utmost important for maintaining the hygiene standard of the food. Hence care shall be taken that the staff maintains the cleanliness standards of the hospital
- Regularly after six months medical checkup is being done including hemoglobin, TLC, DLC, Widal test and physical examination. Stool test is done quarterly.
- For this it shall be ensured that the staff is not suffering from any sort of infectious disease or any disease for that matter. The cook shall undergo a stool test on a quarterly basis.
- Employees are free of infections and open skin lesions. Any employee found with an open skin lesion or known to be infectious is not allowed to work until cleared by a doctor.
- Food Service employees are instructed on health regulations, sanitary and safety procedures on the first day of employment.
- Caps, aprons, gloves etc must be worn while inside the kitchen or serving food
- Body odors due to sweat shall be taken care of
- Patient's privacy shall be taken care of while serving food. Doors shall be knocked before entering the patient's room
- TB test is given at the first physical examination and yearly thereafter. Notification of test due-date is made to the employee by the laboratory.
- Staff shall follow 7 steps of hand hygiene

15. Pest Control

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Routine gel treatments against insects, flies and treatment against rodents are being carried out and should be documented.

16. Records

- Consumption of daily diet records
- Menu planning records
- Cleaning and sanitation records
- Pest control records
- Diet tasting records
- Feedback records
- Staff health records

References:

- Hospital Dietary Services, BM Sakarkar text book
- FSSAI guidelines
- A case study on improvement in patient dietary services and satisfaction scores, in a tertiary care hospital-NRHM

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