Delivering the Right Diet To the Right Patient Every Time

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Presenters

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Objectives

- At the conclusion of this webinar participants will be able to:
  - Assess dietary events and how they can occur
  - Recognize why and where a dietary error can occur in the dietary flow process
  - Compare food allergies reported in Pennsylvania with allergies in the US
  - Identify risk reduction strategies used to reduce dietary errors and improve patient safety

Are Dietary Errors Important?

- The Joint Commission
  “Pennsylvania Patient Safety Authority documents hundreds of dietary error events”
- Agency for Healthcare Research and Quality
  “Delivering the right diet to the right patient every time”
- The Philadelphia Inquirer
  “No joke: Hospital patients endangered by food, report finds”
- NPR, Newsworks
  “To catch food allergies at the hospital, Pa. group calling for more vigilance”
- And other publications on the web...
Delivering the Right Diet...

• to the right patient, at the right time, is a carefully orchestrated team effort
  – 3 meals each day/365 days each year
  – Involves medical, nursing, dietary staffs
  – Involves patients

Types of Diets

• Bland
• Soft
• Mechanical
• Low Sodium
• Dysphagia
• Low Fat
• NPO
• Low Residue
• Diabetic
• Cardiac
• Renal
• Clear Liquids
• Full Liquid
• Bariatric

(Food Allergy and Anaphylaxis Network, 2006)
Polling Question #2

• Does your Dietary Department have an active role on your hospital’s Patient Safety Committee?
  – Yes
  – No
  – Not sure

Pennsylvania Patient Safety Reporting System Event Category

Error related to Procedure/Treatment/Test
  – Dietary
    a. Incorrect diet
    b. Patient allergy to diet
    c. NPO patient given food
    d. Foreign body in food
    e. Other dietary issues (specify)
### Dietary Events

<table>
<thead>
<tr>
<th>Event Description</th>
<th>With Harm</th>
<th>Without Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy to food item</td>
<td>8</td>
<td>173</td>
</tr>
<tr>
<td>Received wrong diet</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Diet meant for another patient</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>Meal delivered to fasting patient</td>
<td>0</td>
<td>11</td>
</tr>
</tbody>
</table>

Reported to the Pennsylvania Patient Safety Authority January 2009 through June 2014

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### How a Diet Error Can Occur

- **Potential outcomes of patient reviews wrong/diet**
  - Description of medical condition
  - Communication of allergies
  - Apologies
  - Apologies

- **Medical rehabilitative orders diet**
  - Does not check patient's food allergies
  - Medical rehab
  - Orders wrong diet
  - Orders wrong patient chart
  - Does patient food before feeding order

- **Nursing manages diet order**
  - Informs allergy in dietary order
  - Informs allergy in dietary order
  - Informs allergy in dietary order
  - Informs allergy in dietary order

- **Food service department fills order**
  - Sends standard order before patient's meal
  - Sends standard order before patient's meal
  - Sends standard order before patient's meal
  - Sends standard order before patient's meal

- **Other healthcare professionals**
  - Communication of allergies
  - Apologies
  - Apologies

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How a Diet Error Can Occur (cont.)

Medical staff/designee orders diet
- Does not check patient’s food allergy and medical history
- Orders wrong diet
- Enters order on wrong patient chart
- Fails to review recommendations of other healthcare professionals

Meal tray delivered by food service worker
- Tray brought to wrong room/location
- Fails to check two patient identifiers

Food service department fills order
- Fails to remove restricted food item before tray leaves kitchen
- Substitutes ingredients not listed in standardized recipe
Allergy-Related Dietary Events

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Reported Allergens in PA versus US

8 foods account for 90% of all reactions
- Milk
- Eggs
- Peanuts
- Tree nuts
- Soy
- Wheat
- Fish
- Shellfish

Source: Food Allergy Research & Education

No. of reports identifying specific allergens in Pennsylvania

National

35
30
25
20
15
10
5
0

Frt
Dairy
Egg
Vegetable
Wheat
Soy
Peanuts
Tree nuts
Milk
Nuts
technical
Other
Mold
Sesame
Sulfites
Artificial sweetener
Cereal
Mold
Raisins/Currants
Other

35
30
25
20
15
10
5
0

34
27
25
25
14
12
12
11
11
9
5
5
3
2
1
1
1

Source: Food Allergy Research & Education

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14
Dietary Allergy Events

Without harm:

**Description:** The nurse ordered apple juice for patient, not realizing that the patient was allergic to apples and carrots. After discovering error, nurse then called dietary to inform them of patient’s allergy to both apples and carrots. When patient’s meal arrived, tray contained a dish of carrots and carrots in the salad.

With harm:

**Description:** The patient is allergic to pineapples. This was documented in the electronic medical record; however, it was noted as a drug not food [allergy] and was not transferred to the dietary department...The patient experienced an allergic reaction requiring intubation and transfer to the critical care unit.
Wrong Diet

The patient received wrong diet on lunch tray. Patient is ordered a dysphagia diet [for patients with difficulty swallowing] with nectar-thick liquids and received a whole chicken breast and a piece of white bread on tray.

Wrong Tray

Patient on clear liquids due to acute GI [gastrointestinal] bleed. Given dinner tray of another patient who was on a cardiac 2 gm sodium diet. Patient and family stated no one asked [the patient’s] name. Patient ate some of the food from the wrong dinner tray.
Polling Question #3

• Have you ever conducted a Root Cause Analysis or similar review of a dietary event?
  – Yes
  – No
  – Not sure

Organizational Risk Reduction Strategies

• Root Cause Analysis
  – Involve risk management
• Patient Safety Committee
  – Meet monthly
• Integrate allergy information
  – Consistent location
• CMS ruling
  – Learn about new role of dietitian
Food Services Strategies

- Ensure cooks/chefs use only the ingredients listed on a recipe and do not make substitutions
- Check each tray, once assembled, before loading it into the tray cart
- Conduct tray accuracy audits
- Check that the patient name, room number and diet order is consistent between the tray ticket or menu and the patient diet list
- Use two patient identifiers such as patient name and date of birth
- Interface the food service department dietary orders with the main hospital’s electronic health system
Computerized Diet Office System

- Interfaces with Abington Hospital’s Patient Information System
  - Admissions, Discharges, Transfers
  - Physician Ordered Diet / Restrictions
  - Supplements
  - Allergies

Populate database with menus and ingredients for all foods

This includes foods from scratch as well as every prepackaged food on menu
  (saltines, salad dressing, bread, etc.)
Patient Specific Menu

Each menu shows:
• patient’s name
• date of birth
• room number
• diet order and restrictions
• any food allergies that interface between the 2 systems

Risks

• Substitutions from suppliers
  o Temporary or Permanent?
• Recipe/Menu changes
• Allergies that do not interface
# Tomato Sauce Swap

## Our usual sauce
- Vine-ripened fresh tomatoes
- Blend of extra virgin olive oil and sunflower oil
- Fresh sautéed onions
- Salt
- Roasted garlic
- Fresh basil leaves
- Naturally derived citric acid

## Substitute sauce
- Tomato puree
- Soybean oil
- Corn Syrup
- Salt
- Onion powder
- Food starch modified
- Garlic powder
- Citric Acid
- Dehydrated bell pepper

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## Risks
- Substitutions from suppliers
  - Temporary or Permanent?
- Recipe/Menu changes
- Allergies that do not interface
Risks

• Substitutions from suppliers
  o Temporary or Permanent?
• Recipe/Menu changes
• Allergies that do not interface

Patients At Higher Risk: Allergies That Do Not Interface

• Room Number and Allergy
  ✓ Do we understand the allergy?
  ✓ Where might the ingredient be found?
  ✓ Registered Dietitian (RD) support?
Closer Look: Patients at High Risk

• Allergy to Pectin
  o Naturally found in apples and other fruits
  o Used in jams and jellies to help them set
  o Found in some cakes and pies

Error Prevention

• Red Slash
  o S.T.A.R (Stop, Think, Act, Review)
  o “Fresh Eyes” Review of Tray
Safety Briefings

• Leadership Tool
• Increased Situational Awareness
• Opportunity for discussions and feedback

Nutrition Department Briefings

10:00 AM and 4:00 PM
“Create a Safe Day”
Safety Briefings

- Date
- Days Since Last Preventable Serious Safety Event
- Midnight Census
- Eating Census
- Staffing Issues / Concerns
- Equipment or Supply Needs/Concerns
- Food Needs/ Concerns
- Patients at Higher Risk
- “What are we doing Well?”
- Patient Satisfaction Scores and Comments or Letters
- Information from Daily Check-In
- Open questions / Comments / Ideas

Keys to Success

Patient safety is our core value

Engage employees in our mission

Create a more engaged team

A more engaged team results in more satisfied patients and a better patient experience
Questions?

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Resources

• Pennsylvania Academy of Nutrition & Dietetics
  http://www.eatrightpa.org/index.cfm
  – For further information email: contact@eatrightpa.org.
• Pennsylvania Department of Health: Division of Acute and Ambulatory Care Exceptions Request
  http://www.health.state.pa.us/pdf/HealthFacilities/140925%20Revised%20DAAC%20Exception%20Form.pdf
Resources for Patients


References


References

- Kipe, Margaret (Director, Nutrition Services, Reading Health System). Conversation with: Pennsylvania Patient Safety Authority. 2015 Feb 12.
- Ross, Jennifer (Director of Nutrition Services, Abington Health). E-mail to: Pennsylvania Patient Safety Authority. 2015 Apr 4.