Nurse’s In-service for Dining on Call (DOC) Patient Meals, Clinical Nutrition, and Floor Stock

**Patient is Prescribed Diet Order:** A patient must be admitted to a room in an area where we are offering DOC to receive Dining on Call service. In addition, we must have an accurate diet order sent through EPIC into our Dining on Call interface to be able to serve a patient.

**Nursing Introduces DOC to Patient:** Nursing introduces program to patient with key words “For your meal service, we offer a room service program that allows you to order food from the menu on your bedside table. When you’re ready to eat, just press 7-3663. Breakfast selections are available all day from 6:30-6:30PM. Lunch and dinner items are available from 11-6:30PM. You can order any menu item, provided it’s appropriate for your prescribed diet. Your meal will be delivered within 45 minutes. If you have any questions, just press 7-3663, and they will be happy to help you. Key words cards are available for the nursing staff.

**Patient Reviews Menu Selections at Bedside:** Menu is on each patient’s bedside table. Menu includes breakfast-type and lunch and dinner-type foods. Patient can order any menu item, provided it’s allowed on prescribed diet, at any time from 6:30 am to 6:30 pm.

**Patient Places Call to Food and Nutrition:** When the patient is hungry, he/she will call the Food and Nutrition call center to place a meal order. Patients or their families can order meals ahead. Nutrition Operator responds to call using key words: Key words such as “Thank you for calling Dining on Call, this is Mary, how may I help you?” are used when talking with the patients.

**Nutrition Operator Verifies Patient Information:** Nutrition Operator will verify patient’s name, room number, diet order and comments or allergies before taking patient’s order. Usually the patient’s room number is displayed on the phone that the Nutrition Operator uses. While the Nutrition Operator is answering the phone, he/she can search for the patient on the diet census in call center software that interfaces with EPIC. If the patient’s diet order is not correct, we let the patient know that we have a different diet order. We then call nursing to determine what the correct diet order is. If the diet order has changed, we ask nursing to put in the correct order so we may offer appropriate foods to the patient.

**Nutrition Operator Patient’s Meal Order:** The menu items that are appropriate for each patient according to the diet order and appear on the tray ticket. The Nutrition Operator guides the patient through the meal ordering process, offering diet-appropriate choices for the patient and ensuring that beverages and condiments are ordered. Typically one entrée per meal is offered unless noted otherwise in the patient’s diet order. If the patient wants to order more than 1 entrée, Nutrition Operator encourages patient or family member to choose the entrée that he/she wants the most along with other side items and assures the patient that if he/she is still hungry (and the patient is on a Regular diet) after finishing the meal, he/she can call back to order more food. We do this to avoid high food cost, feeding patient’s guests and also to avoid the possibility of foodborne illness from food that stays in the danger zone for too long if patient does not eat all food items at the meal. If a patient attempts to order a food item that is
not appropriate for the diet prescription, the Nutrition Operator will say, “I am sorry Mrs. Jones, your doctor has prescribed a renal diet and spaghetti with meatballs would not be appropriate on your diet. Would you like to have a chopped steak, roast turkey...?” The Nutrition Operator will offer other food choices that are listed on the tray ticket.

**Nutrition Operator Verifies Final Order, Delivery Time and Sends Order:** Nutrition Operator reads back patient order, lets patient or family member know that the food will be freshly prepared and delivered within 45 minutes unless he/she would like to eat later. We have a clock that we set ahead 45 minutes so we can tell the patient the time the meal should be delivered by. Meal orders may also be placed for later delivery that day or subsequent days, but this is not encouraged.

**Food is made by Production and Assembly Areas:** Once the Nutrition Operator places the order on the computer, two tray tickets print out for production of the food and tray assembly. One ticket is placed on the patient tray. Each area begins preparing the foods on their tickets or in the tray assembly area, the tray assembler places the silverware, condiments, beverages and items from the air curtain refrigerator on the patient tray.

**Components “Married”, Loaded in Cart and Delivered within 45 Minutes of Ordering:** The person assembling the tray gathers food from hot and cold areas and places on patient tray. The tray ticket is used to verify that all items on the ticket are on the patient’s tray. The time the tray is placed in the cart is noted on the Tray Delivery Log. The patient’s room number is placed on the Cart Delivery Log. The Tray is placed in lightweight 10-tray patient cart. Timer is set for 15 minutes when first tray is placed in cart. When timer goes off, trays are delivered to patients by Wait Staff. They typically retrieve the dirty tray from the patients’ rooms. We can print a Tray Pickup report that tells us which patients have trays in their rooms.

**Other points to note:** After each meal we call patients who have not ordered a meal. These patients will be the ones whose names have not been crossed off on the diet census sheet that lists all patients who have not placed meal orders. We call the patients to offer food. We keep a record of ALL patients who do not want to order on the Meal Issues Log. We usually allow patients to refuse 1 meal (except patients with ADA diet orders), but if they refuse 2 meals in a row, we call nursing to ask for direction on whether to send some food to the patient. If a patient with an ADA diet order does not want a meal, we always call the nursing unit.

**Food Ordering Service Levels for Patients:** There are 4 different service levels available to fit our patient’s needs and nursing is able to choose the best level for each patient. After assigning a service level upon admission the service level can then be changed as the patient’s needs change.
Call-In: Call-in service level applies to patients that are able to phone our call center to order their meals. Patients on this service level choose when they would like to eat their meals and receive assistance in choosing proper foods for their specific diet.

Phone Assist: Phone Assist service level applies to patients that may need assistance in knowing when to order. Patients on this service level will be given a call for each meal and will have assistance in choosing proper foods for their specific diet.

Room Assist: Room Assist service level applies to patients that require assistance through in-person ordering. A nutrition operator with a tablet computer visits the patient for each meal to take their order. This level of service applies to critical care patients that do not have phones in their rooms and select others that are not able to talk on the phone.

Non-Select: Non-Select service level applies to patients that need an automatic meal sent to them consisting of chef’s pre-selected menu options for each meal. This service level applies to patients that may not be able to choose their food or patients that do not prefer to choose their food options and would like an automatic meal sent to them.

Clinical Nutrition Services:
Dietary consults
Automatic referrals:
Nephrology Services has automatic nutrition referrals as part of their multidisciplinary protocol. For all other patients, nursing or other trained staff implement an initial assessment within 24 hours of admission. Based on pre-determined criteria, the RN documents the initial assessment in the medical record on the Nursing Admission Assessment form. Based on results of the initial assessment, referral for nutrition assessment is made to a RD, when appropriate.

Who else should have a consult?
Nursing may also consult for:
Inadequate intake or diet
Decubitus/skin breakdown/non-healing wounds
Patient >75 years old and surgery planned or anticipated
Obstetrics: hyperemesis, multiple fetuses, gestational diabetes mellitus, ≤ 14 years of age
Sepsis

What happens after a dietitian is consulted?
Time frames
The RD acts on consults within 24 hours of receipt.
Discussing recommendations
After formation of patient goals and plan of care, the RD can communicate with the MD and RN through unit interdisciplinary care meetings and / or one-on-one discussion with the patient’s nurse / doctor.
**Documentation**
Comprehensive nutrition assessments are documented on the Medical Nutrition Therapy Nutrition Assessment form. The form is placed in the consult section along with a brief note in the progress notes that reports an assessment is complete and to find it in the consult section. Reassessment and follow-up notes are documented in the interdisciplinary progress notes.

**Follow up**
Reassessment/follow-up is planned according to the disease state or treatment condition. Frequency of assessment of patient progress, adjustment of plan of care and monitoring of expected outcomes is determined by the RD and included in the nutrition care plan. *Follow-up may include reassessment, meal rounds, medical rounds, or brief documentation on intake or status. May or may not include new recommendations. Follow-up documentation is recorded in the progress notes.*

**Floor Stock Standards:**
Nurse Managers determine the Floor Stock PARS of nourishment items. The Nurse Manager notifies Associate Director of Food Service of revisions that need to be made to Floor Stock. Assigned food service floor stock associate will be responsible for stocking and replenishing floor stock daily.

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