




Title:	Procedure for Ordering and Provision of Texture Modified Diet, Fluids and Snacks to Adult Inpatients in SEHSCT		
Ownership:	Catering Senior Manager Ward/Departmental Sister/Manager	Approval Date:	December 2022
Operational Date:	May 2023	Next Review:	May 2026
Authors:	Deborah McNeill Clare Stevenson Nikki Holmes Gillian McConvey		
Links:	<p>RQIA : Review of the implementation of recommendations to prevent choking incidents across Northern Ireland</p> <p>Revised SQR Letter: SQR-SAI-2021-075</p> <p> SQR-SAI-2021-075.pdf</p> <p>Dysphagia in people with PD Hard to Swallow Full report.pdf (ncepod.org.uk)</p> <p>Mealtimes Matter Framework</p> <p> VERSION 7 MTM FWORK 310822 3.docx</p> <p>SEHSCT Policy for Management of Choking Risks in Adult Clients with Dysphagia</p> <p> SETPtCtCare162022.pdf</p>		

1.0 INTRODUCTION

1.1 Background

Within South Eastern H&SC Trust (the Trust) in-patient modified meal menus are colour coded and have a specific International Dysphagia Diet Standardisation Initiative (IDDSI) meal level identified at the top of the menu. The patients name is also recorded at the top of the menu.

These menus were introduced to ensure that the correct IDDSI level menu was given to the right patient and subsequently the right level meal was ordered, prepared, delivered and served to the correct patient.

There have been instances when the incorrect IDDSI level meals have been given to patients. Audit and incident reporting has shown that the practice of menu supply and distribution to patients can be inconsistent. This places the patient at an increased risk of receiving the wrong level meal and poses a significant choking & safety risk.

1.2 Purpose

The purpose of this procedure is to provide clear guidance on the supply, storage and distribution of modified menus and meals in the Trust's inpatient wards where this procedure applies. This is to ensure that patients receive the correct modified menu and meal in line with patient specific Speech and Language Therapy (SLT) recommendations for Eating and Drinking Swallowing (EDS).

Reports including National Confidential Enquiry Patient Outcome and Deaths (NCEPOD) Hard to Swallow, Regulation & Quality Improvement Authority (RQIA) Review of the implementation of recommendations to prevent Choking and the Safety Quality Reminder (SQR) of Best Practice Letter have all highlighted the need to have formalised operational procedures for delivery of texture modified food.

1.3 Objectives

Maximise patient safety by minimising the risk of choking for adult inpatients with eating drinking and swallowing difficulties.

2.0 ROLES/RESPONSIBILITIES

2.1 Responsibility of Chief Executive

The Trust Chief Executive has overall responsibility for ensuring that the aims of this procedure are met.

2.2 Responsibility of Senior Management

All Trust Directors, Assistant Directors, Service Heads and Senior Managers have responsibility for the effective implementation of this procedure and to ensure systems are in place so that staff will be aware of this procedure, its contents and have the means to deliver this standard of care to patients. They will ensure that resulting action plans are implemented and monitored and that information required in relation to or affecting this procedure is provided promptly and completely.

2.3 Responsibility of Trust Staff

The ward/ departmental/ unit manager is responsible for ensuring staff adhere to this procedure

All staff involved in the ordering, supply and delivery of meals to inpatients are required to adhere to this procedure.

3.0 KEY PRINCIPLES

This procedure applies to:

- **Ulster Hospital – all wards and departments**
- **Lagan Valley Hospital – all wards and departments**
- **Downe Hospital all wards and departments**

Menus run on a two-week cycle and it is essential that the appropriate menus are used at each mealtime. Ward staff will be directed by the ward service assistant to the correct menu for each mealtime.

Individual patient menus are coded using an identified colour and texture description/ label and must be used in keeping with an individual's Recommendations for Eating Drinking and Swallowing (REDS). The patient's name and ward must be clearly recorded at the top of the menu by nursing staff. Modified meal menus will be made available as follows:

- Ulster Hospital

Within the Acute Services Block and Inpatient Ward Block, patient experience catering staff will maintain ward stock levels of modified meal menus.

Modified meal menus will be stored within the Hub kitchen of each ward floor.

Ward staff will be directed by the ward service assistant to the correct menu.

In Ulster Hospital Retained Estate modified meal menus are stored in the Acute Services Building (ASB) kitchen. Nursing staff are required to order the menus directly from the ASB kitchen when a patient in their care is admitted with REDS or has been assessed by SLT and has REDS in place, menus will be delivered before the next mealtime by catering staff.

Ulster Hospital Kitchen - Ext 12136

Retained Estate wards are:

- Discharge Lounge
 - Transition Ward
 - ICU
 - Ward 27
 - All Maternity wards
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- LVH and Downe Hospitals

In Lagan Valley Hospital and Downe Hospital, modified meal menus are located in the main kitchen on the ground floor. Nursing staff are required to order modified meal menus directly from the main kitchen and these will be delivered to the ward before the next meal time

- Downe Kitchen – Ext 13464
- LVH Kitchen – Ext 14357

Process for provision of modified food, fluid and snacks outside of mealtimes:

This is defined as times when food and drink are served outside of breakfast, lunch and dinner. This includes the delivery of water jugs, tea trolley service which includes the serving of biscuits and snacks.

In the event of a patient missing a meal, snack boxes are available on wards in Lagan Valley and Downe Hospitals, snack menus are available in the Ulster Hospital and snack bags in Ulster Hospital Emergency Department. If the patient has REDS in place all snacks must be given in line with these recommendations. Snack menus are accessed in the same way as modified meal menus.

Domestic/ Catering staff must not deliver any food, fluids or snacks to individuals with REDS signage above their bed unless specifically directed by nursing staff or mealtime coordinator during ward safety pause.

Patients with Nil by Mouth (NBM) signage above their bed must not be served any food, fluid or snacks and any queries should be directed to the Mealtime Coordinator or Nurse in Charge of the ward or department.

4.0 DISSEMINATION

This procedure will be shared with all lead nurses, governance facilitators and/or equivalent for dissemination to staff.

5.0 MONITORING

All incidents to be recorded on Datix, please refer to the Trust Policy on Choking and the PHA incident trigger list for further information.

Mealtime Matters Audits should be completed at the recommended frequency.

6.0 EVIDENCE BASE / REFERENCES

- International Dysphagia Diet Standardisation Initiative
- SQR SQR-SAI-2021-075 (all PoCs) - Risk of serious harm or death from choking on foods
- RQIA Choking Review & Recommendations

7.0 APPENDICES

Appendix 1: Process for Safe Provision and Delivery of Food, Snacks and Drink in Line with Eating, Drinking and Swallowing Recommendations

8.0 EQUALITY SCREENING

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:



Major impact

Minor impact

No impact

SIGNATORIES

Policy Name 	Author Endorsement	Modified 	<input type="checkbox"/> Modified By
PR-044: Procedure for Ordering and Provision of Texture Modified Diet, Fluids and Snacks to Adult Inpatients in SEHSCT	Yes	08/02/2023 04:37 PM	McConvey, Gillian

Policy Name 	Approval	Modified 	<input type="checkbox"/> Modified By
PR-044: Procedure for Ordering and Provision of Texture Modified Diet, Fluids and Snacks to Adult Inpatients in SEHSCT	Endorsed	10/02/2023 03:04 PM	Patterson, Nicki

Appendix 1: Process for Safe Provision and Delivery of Food, Snacks and Drink in Line with Eating, Drinking and Swallowing Recommendations

- SLT Swallowing Assessment carried out with patient
- SLT provides written Recommendations for Eating Drinking and Swallowing (REDS) and displays above patients bed
- SLT discusses REDS with nursing staff and documents same in patient record
- SLT adds choking risk to electronic system which creates an Alert

- Nursing staff ensure that **ALL** the ward team are aware of patient REDS via safety briefings/ handovers, food and drink safety pause, signage and alerts
- Ward team are responsible for familiarising themselves with REDS for individuals in their care
- In the case where modified meals are required at short notice nursing/care staff will contact kitchen directly

Ulster Site: ASB & IWB:

- Modified meal menus are stored in the Hub Kitchen on each floor/level
- Patient Experience Catering Staff will maintain menu stock levels & ensure the correct menus are available on each ward
- Any advice or support should be directed to ward-based catering staff or ASB kitchen on ext. 12136
- All patient experience staff can be contacted using Vocera

Ulster Retained Estate: (all other UH wards & depts.)

- Modified meal menus are stored in the main hospital kitchen
- Modified meal menus are ordered by ward staff direct from the main kitchen and will be delivered before the next meal time
- Ulster Hospital Kitchen - Ext 12136

LVH/Downe Sites

- Modified meal menus are stored in the main hospital kitchen
- Modified meal menus are ordered by ward staff direct from the main kitchen and will be delivered before the next meal time
- Downe Kitchen – Ext 13464
- LVH Kitchen – Ext 14357

- Food ordering is completed by the patient with the support of care staff where needed
- The correct IDDSI level menu must be used when selecting meal choices
- Patient personal choices must be indicated
- Patient name and ward should be clearly identified on menu

- Modified meal menus are submitted by nursing staff to the catering team together with all other ward menu cards.
- Menu cards are returned to the main kitchen where they are sorted
- Meals are prepared and allocated according to menu choice and specified meal level

- Kitchen catering team allocate the menu to the modified meal and place this in the ward trolley for onward distribution plate.
- On arrival at the ward the service assistant alerts the Mealtimes coordinator that ward meals have been delivered

- The nominated Mealtimes Co-ordinator carries out food and drink Safety Pause prior to serving of **ALL** food, drink and snacks
- ALL staff involved (including ward based catering staff) in the serving and delivery of meals, snacks and drinks must attend the Safety Pause
- Meals, drinks and snacks are served to patients after checking name and texture
- Staff serving meals, snacks and drinks to patients should carry out a visual check to ensure this matches the IDDSI level descriptors
- Where additional support and/or monitoring is required this is carried out by the nursing team

