

Assessment of the Process and Practices of Providing Diet for Inward Patients at District Base Hospital Rikillagaskada, Nuwara Eliya, Sri Lanka.

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DOI: 10.29322/IJSRP.13.11.2023.p14332

<https://dx.doi.org/10.29322/IJSRP.13.11.2023.p14332>

Paper Received Date: 2nd October 2023

Paper Acceptance Date: 3rd November 2023

Paper Publication Date: 14th November 2023

Abstract- Introduction; - All patients who are admitted to a government hospital in Sri Lanka are offered food free of charge during their inward stay. This process requires a joint effort of the office, wards, and the kitchen of the hospital. A patient's diet for a day is the whole requirement of food for 24 hours starting from 12 noon each day to 12 midnight the following day.

Aims; the main objective of this study is to assess the process and practices of providing diet for inward patients at District Base Hospital Rikillagaskada (**DBHR**) – Nuwareliya.

Method; Key informant interviews were conducted with the Medical Superintendent, Chief Special Grade Nursing Officer, nursing sisters, and diet clerk/Management Service officer (MSO) on diet subjects to gather information for the study.

Results; Major problems identified were inadequate diet clerks and the non-availability of diet stewardesses, the dry room needed to be more spacious, and the boiler needed to be repaired. (Rice boiler, Soup machines, and Vegetable cutters), Low food quality standards, Lack of training programs, Lack of pest control, and unavailability of digital boards.

Conclusion The Low food quality standards, education level, and attitudes of food handlers and kitchen staff should be considered when recruiting them for the job, Improved the personnel hygiene of the workers by educating them regarding food safety or by training them in proper food hygienic practices and considering the patient's disease condition, utensil cleanliness before providing foods to patients and introducing food menu were recommended to improve the process providing quality diet for inward patients in DBHR – Nuwareliya.

Index Terms- Inward Patients, Process and Practices, Diet

Introduction

The provision of diet to inward patients free of charge has been a norm for many years in Sri Lanka. This is a huge strength of the country's health system in ensuring proper nutrition for the patients. It enhances the concept of total care for the clients in health care provision.

All patients who are admitted to a government hospital in Sri Lanka are offered food free of charge during the inward stay. Diet is

provided through a joint effort of the office, wards and the kitchen of the hospital. A patient's diet for a day is the whole requirement of food for 24 hours starting from noon each day to midnight in the following day.

The objectives of the provision of diet to patients are described as follows in the manual of management of Teaching, Provincial, Base and Special hospitals by the Ministry of Health, Sri Lanka. (Ministry of Health, Sri Lanka 1995)

There are different types of diets which can be ordered for the patient.

1. Normal full diet
2. Diabetic diet
3. Liquid diet
4. Special diet
5. Pediatric diet

Objective

To assess the process and practices of providing diet for inward patients at DBHR – Nuwaraeliya.

Methodology

Key informant interviews with;

- i. Medical Superintendent DBHR – Nuwaraeliya
- ii. Chief Special Grade Nursing Officer DBHR – Nuwaraeliya
- iii. Nursing Sisters of DBHR – Nuwaraeliya
- iv. Diet clerk/Management Service Officer of diet subject (MSO) DBHR – Nuwaraeliya
- v. Diet Contractor DBHR – Nuwaraeliya

Desk review of secondary data relevant to the provision of diet to patient

- i. Records of diet clerk
- ii. Records of kitchen

Inspection visits, Review manuals & guidelines, Literature review, Participation in discussion meetings, and Review of secondary data.

Food process and practices for the inward patients guided by the existing protocols and circulars Ministry of Health, Sri Lanka.

Process of diet routine at DBHR – Nuwaraeliya

- Based on the number of diets according to the tabulated form prepared at 11.00 a.m. in all wards and units on each day, raw provisions are ordered.

- Usually a diet is not ordered for patients admitted after 12 noon till the next diet order is placed at 11.00 a.m. the following day. But according to the management manual of hospitals if there are a very high number of admissions a supplementary order can be placed. Yet the cut-off number is not mentioned (Ministry of Health, Sri Lanka 1995).
- The suppliers should be instructed in writing about the time at which the provisions must be supplied. Responsible officers preferably diet clerks/MSOs assigned to receive the raw material.
- No provisions of raw material should be accepted after the recommended time which is 2.30 p.m.
- The officer ordering the diet is supposed to inspect the kitchen book daily and reduce whatever items are recorded as remaining from the next order quoting the relevant counterfoil number of the order considered.
- The order is signed by the officer who prepares it and countersigned by the Head of the institution.
- Usually the food is issued to wards in bulk in the presence of a Nursing Sister. A Minor staff (Pantry boy) is responsible for the food from the kitchen till it reaches the ward.
- The nursing sister or nursing officer in charge shall take over the food at the ward and distribute it. The panty boy is responsible for serving the food to the patients under the supervision of a senior nursing officer.
- The supplier shall get the instructions in writing on the time at which the raw provisions should be provided. The receipt of raw provisions must be entrusted to a responsible officer.
- It is instructed not to take over any provision in the afternoon to be stored over to be used in the morning. This regulation can be deviated only with the approval of relevant authorities.
- The number or the accurate weight of items received should be recorded in the duplicate of the diet order.
- The diet of one person should not be divided among two.

Human resource carder available in the kitchen DBHR - Nuwareliya

Designation	Number
Cooks	02

Helpers (Minor staff)	02
Cleaning service	02
Ward clerks	01

A **Medical Nutrition** unit is not available at DBHR - Nuwareliya

Problem Analysis

According to the key informant interviews, focus group discussions and observations the following problems were identified in the kitchen and diet process in DBHR - Nuwareliya.

1. Lack of human resources.
 - Diet Clerks and Diet Stewardesses are not available.
2. Infrastructure
 - Inadequate restroom spaces and changing rooms.
 - The floor is slippery and some tiles are broken.
3. Storeroom
 - The dry room needs to be more spacious.
 - Unavailability of a cool room.
4. Maintenance and repair
 - Boilers need to repair. (Rice boiler, Soup machines and Vegetable cutters)
 - Delay in maintenance and repair.
 - No maintenance agreements for some items.
5. Low food quality standards.
6. Lack of training programs.
7. Food quality standards have not been identified.
8. It is observed that a considerable amount of food is wasted.

9. Patients are not satisfied with the quality of the meals.
10. Unrealistic estimates of the foods in a given day.
11. Lack of pest control.
12. Digital boards not available.
13. Deficiencies in kitchen waste management system.

SWOT analysis of the current system

Strengths

- The process being well time tested
- The administrative structure being supportive of the process
- Presence of ministry-approved guidelines and formats

Weaknesses

- A patient admitted after 1:00 noon on a given day will not be counted for diets till the next diet order is placed the following day at 11.00 am.
- Being a time-consuming process with much documentation
- Data collection from bed head tickets for diet purposes being disturbed during ward rounds and routine ward work
- Absence of a standard format offered via the bed head ticket for ordering diet
- The patient's choice is not taken into consideration when ordering a diet.
- Once a patient is counted for diet if he is not expecting a diet on a particular day or time order is not modified accordingly.

Opportunities

- Satisfactory public impression of the concept of provision of diet by hospitals
- Enthusiasm for ensuring a proper diet for patients among medical professionals and higher decision-makers

Threats

- Poor prioritization of the activity by clinical staff.
- Gaps in perceived responsibility and appreciation by patients while requesting for free diet.

Conclusions

DBHR-Nuwareliya serves a considerable number of patients daily while functioning as a referral centre for peripheral hospitals and is burdened with a higher number of inward patients. Catering the hospitalized patients with an appropriate diet timely, minimizing food waste and effectively using limited human resources have been challenging and often a challenge for hospital

It is also identified there are several issues in the current process of providing diet which are important from the management point of view. It is observed in DBHR-Nuwareliya that there are deficiencies in diet processes and practices. It is due to the patient's refusal of the hospital diet as he or she is not satisfied with the quality of the meal or there are unrealistic estimates of the real requirement of food for a given day. It is observed that considerable human work hours are spent on the provision of diet to the patients. Also, it is seen that in DBHR-Nuwareliya the number of diet clerks are not adequate and diet stewards are not available. However, the process of quantifying the number of diets, and tabulating and summarizing them is a difficult and time-consuming one.

This study concluded that the knowledge of workers on food safety practices and the available safety practices of the hospital were inadequate. Therefore, it is important to improve workers' knowledge by training programs on food safety and hygiene to provide safe food for patients.

Recommendations

- Streamlining the process of providing the diet for inward patients with the use of available resources would inevitably enable the provision of better nutrition for patients' thereby increasing patient satisfaction.
- Education level and attitudes of food handlers and kitchen staff should be considered when recruiting them for job
- The personnel hygiene of the workers should be improved by educating them regarding food safety or by training them in proper food hygienic practices.
- Patient's disease condition and utensil cleanliness should be considered before providing food to patients.
- As DBHR does not have adequate spaces for stores and restrooms, it must be planned to build appropriate spaces up to the standards using available spaces.
- Mechanisms need to be established to improve the process of serving food to patients.
- A listed menu for a given day for patients needs to be introduced to improve the quality of the diet process

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