



Right Meal, Right Patient, First Time

Examining the process of providing appropriate modified consistency meals to patients with known dysphagia , admitted through the Emergency Department, using Lean Healthcare Methodology

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What is LEAN ?

- Method of examining processes:
 - ✓ To improve efficiency
 - ✓ Reduce waste
 - ✓ Provide maximum value to the customer (the patient).
- Uses the DMAIC methodology i.e. Define, Measure, Analyse, Improve, Control.



Background - Dysphagia



- Swallowing disorder characterized by difficulty in oral preparation for the swallow, or in moving material from the mouth to the stomach. This also includes problems in positioning food in the mouth. ¹
- Patient types affected include patients post stroke, Parkinson's, Alzheimers, the elderly² and those with head and neck cancer.³
- Management can include altering the texture of diet e.g. soft, minced and moist, smooth pureed, and / or altering the consistency of fluids e.g. Grade 1 very mildly thick, Grade 4, extremely thick

9% of meals are modified consistency



83% were unable to communicate their own needs.

88% of these patients are admitted through E.D.

E.D. deals with average 5,100 attendances monthly

1. Irish Consistency Descriptors for Modified Fluids and Food Consensus Document November 2009

2. www.dysphagia.ie

3. Garcia Peris et al, Clin Nutr 2007

Project Charter - Key points

Process Start – When Patient who requires a modified consistency diet presents to the ED.(Emergency Dept)

Process Stop – When patient’s first meal, of the appropriate consistency, is provided by the hospital.

Problem Statement

- 45% of known dysphagia patients received the “wrong meal, first time”.

Goals and objectives

- **To increase the % of right first time meal** from 55% to 65%, at 6 months.
- **To increase the % of occasions on which the patient’s dietary needs are documented** on presentation to ED from 40% to 55%, at 6months.
- **To reduce the time** it takes to provide the appropriate meal from a median of 19.5 hrs to a target of 12hrs, at 6 months.

To achieve the above in line with the Health Information and Quality Authority (HIQA) recommendation that patients in E.D., deemed as admitted, receive meals that cater for their individual dietary needs. Ref: Report on Review of Nutrition and Hydration in Acute Hospitals HIQA May 2016



Stakeholder Engagement

Phone interviews with carers



Links with community



G.P. liaison group

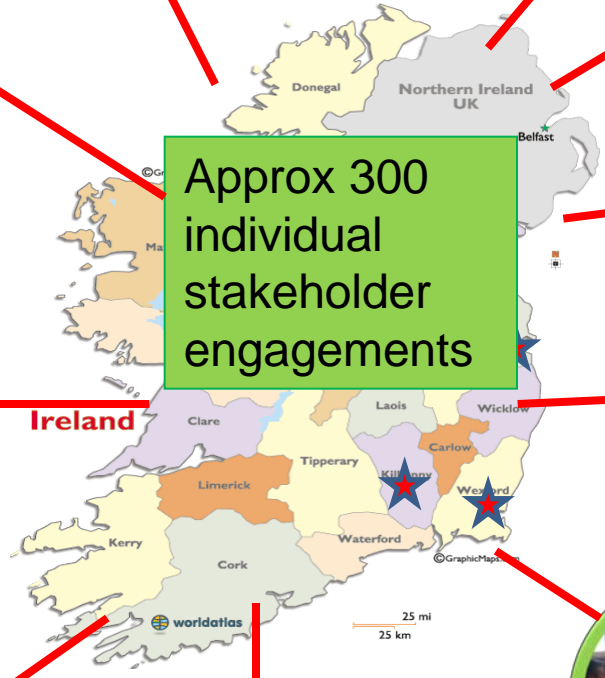


Nursing Homes



Community SLT services

Approx 300 individual stakeholder engagements



Brain storming with key healthcare stakeholders



Followed a patient in real time (Gemba)



Focus group with carers and relatives



Communication and Documentation



16% reported they rarely or never asked if a patient required modified food.

22% reported rarely/ never documented the patient's specific consistency of food required.

Respondents reported checking 4-5 places to find out what the baseline diet was.

60% (n= 12) of our sample were admitted from a nursing home(N.H.).

Only 50% of N.H. admissions (n=6) had their modified dietary requirements filled out on their transfer sheet.

Out of a sample of 6 nursing home transfer sheets
- 66% (n=4) had any mention of diet
- 33% (n=2) had any mention of modified diet.

DEFINE

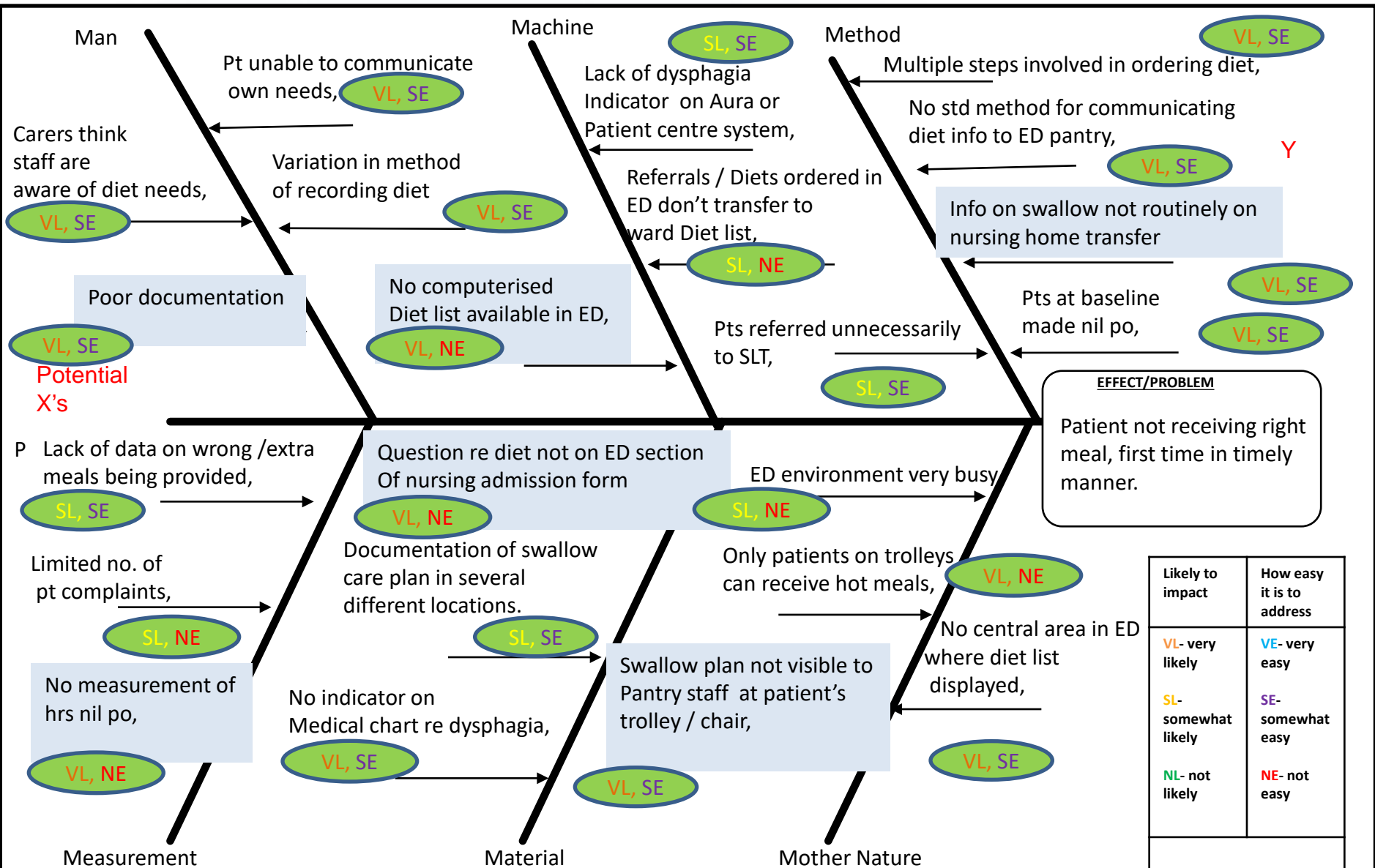
MEASURE

ANALYSE

IMPROVE

CONTROL

FISHBONE DIAGRAM TEMPLATE



Patient Focussed



Solutions



Swallow I.D. Card



Awareness campaign



Suitable out of hours snack



Right meal, Right Patient, First Time

Does your patient have a known swallowing problem?

Transferring them to the Hospital?

Document the exact food and fluid consistency they require on the transfer letter, using the standardized Descriptors (as below).

Standardised Descriptors (IDDSI)	
Food	Drinks
Regular	Normal
Soft	Grade 1 Slightly Thick
Minced & Moist	Grade 2 Mildly Thick
Pureed	Grade 3 Moderately Thick
Liquidised	Grade 4 Extremely Thick

This helps ensure they get the 'Right Meal, First Time'.

Thank you.

Right Meal, Right Patient, First Time
Mater Leen Academy Green Belt Programme
Sept 2016
For queries, please contact:

Local G.P. practices via Mater G.P. liaison group

Nursing Homes

Revised communication board



All staff



Posters

Right Meal, Right Patient, First Time

Does your patient have a known swallowing problem?
Here's how you can help them to get the
'Right Meal, First Time' in 3 simple steps:

- 1. Find out their baseline consistency of diet and fluids:**
 - Check the last speech therapy note on patient centre.
 - Ask the patient / carer / relative for their Swallow I.D. Card
 - Check the nursing home transfer form or G.P. referral letter

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- 2. Document their exact food and fluid consistency clearly in their medical and nursing notes.**

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- 3. Communicate this information to all staff.**
 - Use the green dysphagia magnet on the communication board.
 - Add the patient's name to the Emergency Department diet list.

Right Meal, Right Patient, First Time Project Team
Mater Leon Academy Green Belt Programme
June 2016.

Improved communication

Staff education



Computerised diet list for patients part admitted in E.D.

Mater Leon Academy Hospital
Dept of Clinical Nutrition
DIETARY CENSUS

Ward: 10 (Emergency)

Patient Name	Req / Ref	Ways / Dietician
Diet		
Special instructions		
Mr. John DIABETES	100 - 04	2400 TERESA LUDGARANNE DIET Blue menu For 1 (bread) / 2 plain (eg) / 2 cream cakes/mid-morn, mid-afternoon and night snacks
Mr. Jim MINCED MEAT CELESTAC DIET	200 - 01	2400 - 01 JANE - TERESA LUDGARANNE DIET Green menu, minced meat section Write gulkin fee on top of menu card KIDNEY informed as special request Gluten-free Desserts
Ms. Mary SMOOTH PUREED DIET	200 - 01	2400 - 01 JANE TERESA LUDGARANNE DIET Green menu, pureed section No bread, no jelly, no SUGAR(S), Grade 2 thickened fluids
Mr. David RENAL DIABETES	100 - 01	2400 BARBARA GLENNALDIET Yellow menu No SUGAR, no jelly, no marmalade, DIABETES, DIURETIC(S), NO NUTRITIONAL SUPPLEMENT

Conclusion



- Using Lean methodology has highlighted the complexity of the process and the large no. of stakeholders involved.
- Staff education, patient empowerment and forging links across hospital and community services are essential to streamline this process.

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