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Ascension Seton Williamson County (ASWC)

Performance Improvement Project

Foodservice Performance via the Test Tray

There is an ongoing performance measure at Ascension Seton Williamson County (ASWC), the daily test tray. It's a part of the routine practice of monitoring and evaluation of the foodservice output to the floors. The dietitians are actually employed by TouchPoint foodservice company which specializes in acute care foodservice, and they participate in these continuous improvement activities. This ongoing project aims to give regular and accurate objective feedback to Patient Dining Services Managers regarding accuracy of the meal order, visual appeal of the plate, portion size, taste and most importantly temperature for food safety. Results are then stored in a folder in the kitchen for Managers to review leading to implementation of changes to rectify any repeated issues. A weekly managerial meeting, which actually takes place in the dietitian's office, discusses systemic problems which typically trend over time such as delivery time not met, or temperatures of hot foods consistently below target temperature.

Ordering and Selection

Each day one dietitian agrees to do the test tray. There is no set schedule, but one person agrees to order, and this is typically lunch. The order is placed via the My Dining internal foodservice software which has the capability to link diet orders to available meals and items offered to patients. Interns are not able to place orders, but one of the RD's can place an order on the intern's behalf. The time of the order placement is noted. The "special" of the day can be ordered before 2 pm, but *à la carte* options can be ordered at any time. Regardless of what is ordered, all the parameters of the test tray stay the same.

A typical meal consists of an entrée, roll, side salad and beverage with optional dessert. Each item is evaluated for:

1. Accuracy of order – Is the meal correct based on the order placed?
2. Appearance – Does it include a garnish? How was the meal was plated?
3. Portion size - Is serving size consistent for the item? e.g., 3 oz of green beans.
4. Taste/Aroma – Does the food taste balanced? Not too salty, or sweet. Does it smell appealing?
5. Serving temperature – Are cold foods cooler than 41°F? Are hot foods warmer than 140°F? The objective being to keep the food out of the Temperature Danger Zone (TDZ).

The TDZ is where bacteria and other potential pathogens can thrive and cause illness if consumed. The hospital population, especially patients in the ICU, are more susceptible to foodborne illness due to their already stressed state, comorbidities and in some cases weakened or compromised immune system.

Screenshot of the My Dining Test Plate Ordering Screen

TEST MENU Diet Order: REGULAR DIET

DOB: 02/04/2019 Phone: DATABASE TEST Supplements: Tube Feeding:
 Unit/Room/Bed: MENU UNIT/DB RM 1/A Allergies:

Service Type: Call In

NON SELECT CHEF SPECIAL BREAKFAST FRESH MARKET SIDES A LA CARTE GRILL PIZZA SOUP
 BYO DELI DESSERTS BEVERAGES CONDIMENTS LIQUID DIETS SUPPLEMENTS TUBEFEEDING TRAY MESSAGE
 BARIATRIC FINGER FOODS CELEBRATION MEAL

NON SELECT

Pot Roast with Potato and Carrots 6 oz kcal 262 CHO 18g FAT 13g Na 410mg K 261mg P 33mg PRO 16g FLD - mL	Mashed Potatoes 0.5 cup kcal 112 CHO 18g FAT 4g Na 146mg K 302mg P 39mg PRO 2g FLD - mL	Parmesan Roasted Carrots 0.5 cup kcal 87 CHO 9g FAT 5g Na 111mg K 275mg P 50mg PRO 2g FLD - mL
Wheat Dinner Roll 1 ea kcal 84 CHO 15g FAT 1g Na 141mg K - mg P - mg PRO 3g FLD - mL	Chocolate Chip Cookie 1 ea kcal 199 CHO 25g FAT 10g Na 122mg K 59mg P - mg PRO 2g FLD - mL	Small Garden Salad 1 ea kcal 18 CHO 4g FAT 0g Na 12mg K 192mg P 23mg PRO 1g FLD - mL
Unsweetened Iced Tea 6 floz kcal 0 CHO 0g FAT 0g Na 5mg K 2mg P 0mg PRO 0g FLD 180mL	Ranch Dressing 1 ea kcal 154 CHO 3g FAT 16g Na 373mg K 14mg P - mg PRO 0g FLD - mL	Salt 1 ea kcal 0 CHO 0g FAT 0g Na 299mg K 0mg P 0mg PRO 0g FLD - mL
Black Pepper, PC 1 ea kcal 1 CHO 0g FAT 0g Na 0mg K 3mg P 0mg PRO 0g FLD - mL	Smart Balance Margarine PC 1 ea kcal 28 CHO 0g FAT 3g Na 30mg K 1mg P - mg PRO 0g FLD - mL	Sugar 1 ea kcal 11 CHO 3g FAT 0g Na 0mg K 0mg P 0mg PRO 0g FLD - mL

Therapeutic Menu: Regular

Patient Notes Diet Order Order History Patient Details

-no notes-

Order Summary Delete All Ticket Notes

Apr 27, 2022 08:40 PM Dinner B L D

Meal Type: Patient Main Meal

Show All	kcal	CHO	FAT	Na	K	P	PRO	FLD
		(g)	(g)	(mg)	(mg)	(mg)	(g)	(mL)
Meal	0	0	0	0	0	0	0	0
Day	0	0	0	0	0	0	0	0

Delivery and Evaluation

A preprinted form is used as an evaluation sheet. Points are allocated for appearance of the plate, point of service (POS) temperature for each item, portion size, taste/aroma, and delivery. The points system is 1 point for meeting expectations and 0 for anything less than meeting expectations. A cumulative points system allows for a final grade:

- 95-100 Very Good
- 90-94 Good
- 85-89 Fair
- <85 Poor

Upon delivery of the test tray the time is noted, and a digital thermometer is wiped with an alcohol swab and used to check hot foods and beverages first; minimum temperature is 140°F. Care is taken to make sure the probe is firmly placed in the center of the food for an accurate temperature reading. Before each food or beverage is checked the probe is wiped with the alcohol swab. Next, cold food and beverage temperatures are checked; maximum temperature 41°F.

Filing and Action Plan

Once the test tray data has been collected, the sheet is filed in a binder in the kitchen labelled *Improvement Projects* along with the receipt of the order which includes time order received, left kitchen, and delivered. One finding that occurred in my first two weeks was that delivery time was exceptional, at least to the dietician's office, but what they were delivering was consistently below temperature for hot foods. On the back of the form is a place for the Manager to implement a corrective

action. In this case, making sure the tray left the line quickly upon plating, the temperature of the meal before leaving the line was sufficient and the lid was placed correctly to maintain temperature during delivery.

In my third week a specific test tray that was an *à la carte* order was actually delivered with the wrong sauce, alfredo instead of marinara. It had the correct order receipt but was plated incorrectly. Clearly, a one-off accuracy error.

Conclusion

Constant and objective feedback from the internal team is required to highlight areas of improvement so that the Patient Dining Services Manager can evaluate and implement corrective actions to improve performance. With the high rate of employee turnover in the kitchen, ongoing training and monitoring is necessary to maintain the high standards required for foodservice in the acute care setting.

Suggestions

Having a binary scoring system can sometimes lead to scores that are mischaracterizing foodservice performance. One recommendation could be to use 0.5 points for small errors such as forgetting a garnish or not delivering a condiment. In terms of changes to the program's implementation, there could be 2 test trays: one regular diet standard meal that contains an entrée, side salad, roll and beverage and a meal or snack that was of a specific diet kind, for example, GI soft. Evaluation of specialty diets would generate useful data on accuracy that is more beneficial to the patient population, the main focus of foodservice operations.