

Organization and Management of Dietary Services in a Hospital

Dietary service in a hospital is an important component of patient care. In India, however, the hospital food service has not been given attention it deserves. The kitchens of the district and other government run hospitals merit immediate attention and every effort should be made to improve them. They lack infra structural facilities and staff and in most places are inadequately supervised.

Space Requirements for a Dietary Service: The kitchen is broadly divided into the following functional areas:

- Supplies receiving area
- Storage area
- Cooking area
- Utensils washing area
- Garbage disposal
- LPG stove and refrigeration facilities
- House keeping
- Dietician's office
- Stewards office
- Circulating office

The following are the space requirements recommended for hospitals of different sizes.

- 200 beds or less – 20 sq.ft. per bed.
- 200-400 beds – 16 sq. ft. per bed.
- 500 beds and above – 15 sq. ft. per bed.

Staff Requirements: The staff requirement of the dietary services department for various hospitals is shown below. An additional 10-30% staff will be required to compensate for weekly offs, casual leave, earned leave etc.

Functions of Dietician and other Staff

Administrative

Establishment of department policies regarding the indent, selection and purchase, storage and issue of ration, preparation and distribution of food.

Establishment and supervision of adequate records and supervision of record keeping like purchase records, records of stock and records pertaining to various stores, equipment and finances.

- Planning of menu
- Budget planning
- Cost accounting
- Condemnation of equipment
- House keeping and sanitation
- General supervision of personnel working in the department.

General Food services

Matters concerning work schedules, uniforms, safety, time-schedule for serving the food to patients etc.

Adequate control of pests and vermin.

In-service training program for class IV employees.

Clinical functions

Dietician by virtue of his knowledge of principles of dietetics and nutrition serves an important function in planning a proper diet for the patient. Taking into consideration the specific needs of different patients, he offers dietary advice. He also guides the out patients especially those attending the speciality clinics like:

Pediatric nutrition clinic on daily basis

Juvenile diabetic clinic

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Diabetic clinic

Cardiac clinic

Nephrotic syndrome clinic

Dietetic instructions clinic of OPD.

Educational functions

The dietitians are involved in training of students of dietetics and in imparting training nurses and other paramedical workers on various aspects of dietetics.

Functions of Stewards

- To receive diet sheets from the different wards and prepare a consolidated demand.
- To maintain records of all correspondence, regarding the diet sheets, indents of the diet, and census etc.
- To carry out daily inspection of kitchen staff for appearance, cleanliness and uniforms etc.
- To take measures to ensure proper utilization of the rations issued for cooking.
- To monitor the equipment used in the section.
- To supervise distribution of food to patients in the wards.
- To supervise proper handling and disposal of garbage.
- General sanitation of the kitchen area, with special reference to the washing area and toilets.
- To visit wards along with the dietician, to look into the complaints regarding the diets.
- Any other duty assigned by senior dietician from time to time.

Functions of storekeeper

- To receive all goods indented for the kitchen and sign various receipts, subject to the approval of the dietician.

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- To verify, the stores accounts including LPG cylinders, received by head cook, in his absence.
- To place the goods in proper place like shelves, bins and other suitable places.
- To maintain the store room in a clean and orderly manner.
- To issue supplies according to the indents.
- Checking and verifying the bills and submitting them to dietician in-charge.
- To keep records and stock books up to date.

Any other duty assigned from time to time by the senior dietician.

Functions of Head cook

- Care and maintenance of equipment.
- Cleanliness and sanitation of the kitchen area.
- Opening and closing of the kitchen.
- Maintenance and improvement of standards of food preparation and services.
- To receive supplies like milk etc when store keeper is not available.
- To represent to the chief dietician, grievances of kitchen staff, if any.
- To report about LPG cylinders to store keeper.
- To ensure supply of meals, at the specified time, to in-patients of the hospital.
- To exercise special care regarding the therapeutic or special diets in the kitchen.

Duties of other Staff like Khidmatgars, Bearers and Mates

- Carrying food from the kitchen to the wards in trolleys and obtain a receipt for the supplies made.
- Use clean and proper utensils for transporting food, milk, tea to the various wards.
- To help cooks in cleaning, washing and cutting of vegetables and cleaning of rice and pulses.

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- To help the store keeper in weighing of the rations for the day.

Functions of Masalchis

- Transfer of soiled utensils from kitchen to dish washing area.
- Thorough scrapping and washing pots and pans.
- Use of proper detergents and methods for cleaning, as per instructions.

Dietary Stores Management

An internal purchase committee consisting of 3 or 4 members will be nominated by the hospital management. The senior dietician will be the member secretary. This will serve as a watch-dog to monitor the stores management in the kitchen. The functions of the committee are:

Check the various supplies received in the kitchen are supplied, as per the specifications.

The members, other than dietician should visit the kitchen stores at least 2 or 3 times a week. This will ensure orderly upkeep of the stores by streamlining the procedures and facilitate regular and timely procurement of food stuffs and in easing the bottlenecks in procurement. The quality inspections, reduction in wastage, maintenance of discipline in the section, preparation and distribution of food, complaints and settlement, Pilferage reduction are some of the aspects that need strengthening.

The supplies to the kitchen include, perishable items like milk, butter, breads, eggs, vegetables, fruits and non perishable items like rice, pulses, oils, utensils etc. The perishable items can be received by the head cook or stewards when store keeper is not available.

A surprise rounds committee, consisting of three senior medical staff, can be appointed by the medical superintendent to conduct surprise checks of the stock position and quality of the material in the kitchen stores.

Purchase

Purchase of both perishable and non-perishable items needed for the kitchen stores should be purchased from a reputed supplier like government or co-operative stores.

Supply of Orders

The dietician places orders, for procurement of supplies for the kitchen, depending on the demand. Usually, the purchase order is for a period of one month. As the supplies are received, entries must be made in the relevant stock register.

Storage and Distribution

The storage of non-perishable items is possible in the hospital kitchen stores. There should be a store room with adequate lighting and space for storing items like rice, pulses, atta etc. There should be provision to avoid damage to items by moisture.

There should be an arrangement for regular supply of perishable items. Items like butter, cheese, eggs etc. can be stored in a deep freezer to avoid any damage. Stock books should be maintained by store keeper and daily entries should be posted after issue of items to the cooks. The items are issued only against proper indents placed by the stewards and a record of indents is maintained by the store keeper.

It is always advisable to maintain a buffer stock to last for a week in the kitchen stores. The stock position should be closely monitored by the store keeper and the dietician and satisfactory stock position should always be ensured.

Quality Control

Quality control will not pose a serious problem if supplies are obtained from suppliers recognized by government or government agencies. Any sub-standard material received, should be returned to the suppliers.

Housekeeping and Maintenance Services

Housekeeping and Maintenance services of a hospital include

- Laundry
- Boiler house
- Incinerator
- Workshops
- Mortuary

Laundry

Laundry arrangements are very important from the point of view of controlling infections. The hospital generates a lot of linen which is soiled and infected by patients' blood, body fluids, secretions oozing out from the wounds etc. The dirty linen generated in the Operation Theatre, wards and other areas like labor rooms is potentially infective, unless properly handled. Even the ordinary linen like bed sheets, pillow covers from the wards may be a source of serious danger and hence should be handled with due care and precautions.

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In view of this, majority of the hospitals establish their own laundry. However, it may be economical to operate a common laundry services for a group of institutions in the area, since a lot of saving can be effected in terms of money spent on building, equipping and maintaining the laundry services. If a common facility is shared by the hospitals, the dirty linen should be stored in a linen room, where it is sorted out and is sent to the laundry. The clean linen received from the laundry, is stored in the linen stores.

Guidelines for Handling the Linen

The dirty and clean linen should always be kept separately, both in the linen room and laundry.

The ordinary soiled linen should be kept in strong canvas bags at the point of origin. The bags when full, tied up and sent to the laundry.

The heavy infected material should be kept in the metal buckets or drums with a tight fitting lid, soaked in a disinfectant solution, until they are transported to laundry.

The linen received in the laundry or linen room should be rendered reasonably safe for further handling.

The linen which is likely to be dangerous should be immediately passed through a modern washing machine and laundered. The linen, so processed, should be safe for the staff, who subsequently handle it to count, sort and dispatch to the laundry.

The linen after laundering will be transferred to a “clean” section of the linen room for sorting and dispatch to the points for use.

The linen is generally maintained in the wards under the charge of staff nurse. In a system of centralized stores and supply, as practiced in certain institutions, the different units receive their supply at regular interval viz. Daily or twice or thrice a week. The responsibility of maintenance of the stores lies with the central stores. This department is responsible for collection and transport of used material, and replenishment of the items used. This department is responsible for protection against loss of the stock.

Boiler House

In cold and temperature climate, a central boiler house should be established to provide central heating to the buildings. The boiler house should be designed after taking engineering advice regarding the requirements and design. The steam is necessary for areas in hospital for sterilization purposes. However, with the advent of C.S.S.D. no sterilization procedures are carried out separately. Hence, there is no need for supplying steam through pipelines, as was practice before.

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However, the steam is required mostly in the laundry, C.S.S. Department and kitchen. In view of this, it is ideal to locate these departments close to the boiler house.

Incinerator

An incinerator must be provided to dispose off the hospital waste and this should be located in relation to the prevailing wind. At present, in view of the awareness of the environmental preservation, it is essential to provide for proper disposal of biological and other combustible waste.

Workshops

The hospitals have different types of equipment and buildings, which need maintenance. In view of this, the hospitals should establish workshops, manned by trained personnel. This will help in avoiding avoidable expenditure in terms of transport of equipment for service, and losses incurred during the time when instruments and equipment remain idle.

Mortuary

The disposal of the dead depends on the religious, social and cultural practices of the society. It is essential to provide a place for keeping the dead body, before it is removed for cremation or burial, by some exit, away from the view of the patients and others in the hospital.

The requirements for provision of mortuary vary with the climate and local custom.

Mortuary with facilities for cold storage to keep the dead bodies and room for carrying out postmortems is usually provided in the hospitals. Postmortem rate i.e. percentage of bodies subjected to autopsy is considered as one of the important indices of hospital efficiency.

Two postmortem rooms will be adequate for a hospital with bed strength of 500-600.

Medical Records

The medical records constitute a vital component of hospital care. These are not static and need keep pace with the dynamic changes occurring during the evolution of the present day hospitals. These are records pertaining to the clinical and administrative activities pertaining to patient care, which provide the panoramic view of the progress of medical and scientific progress.

As many other factors like social, psychological and emotional factors come into play, the medical records cannot be maintained with the precision and specificity of statistician or engineer.

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However, maintenance of medical records is essential as it provides an effective means of communication about the patient care within and between hospitals. The importance of maintaining such records does not vary with the size or the type of the service rendered by the hospital.

What is a Medical Record

Medical Record is a clinical, scientific, administrative and legal document where sufficient data about the patient care is recorded in a chronological order, to justify the diagnosis, treatment and the results. Thus, it contains details about the condition of the patient, recorded by trained observers, findings of their examination, results of relevant investigations carried out, therapeutic measures instituted and the results of such measures.

This record helps to evaluate whether the efforts of the doctors supplemented by the ancillary staff are within the acceptable standards in practice at any given time.

Purpose of Medical Records

The primary purpose of maintaining medical records is to improve the quality of the patient care. This serves as record of illness, however minor it may be, as it is impossible for anyone to remember all these details and recall at a later date. So a written document where in all the details are chronicled will be an evidence to prove that the patient is handled in a scientific, intelligent and systematic manner as warranted.

Medical Records and Patient

It serves to document to study of the patient, and various activities undertaken in this behalf.

It serves to prevent omission or unnecessary repetition of diagnostic procedures and treatment.

It serves to provide continuity of treatment in case of future illness, in the same or other hospital.

It also serves as evidence in Medico-legal cases and in case where disputes arise between the patient and the hospital especially in the present era of consumer protection.

It furnished necessary information to insurance companies, contributory health schemes in arriving at the quantum of assistance to be provided and also for employment purposes.

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The medical record serves as an assurance of the quality, quantity and adequacy of the various diagnostic and therapeutic measures undertaken by the doctor.

It ensures an orderly continuity of medical care provided to the patient.

It helps in evaluation of the medical practices adopted.

It is an important tool in medical research and also in providing continuing education for health professionals.

It provides protection against malpraxis suits and also in medico-legal cases.

Medical Records and Hospital

The medical record is necessary for the hospital.

To evaluate the type, quality and quantum of work undertaken and accomplished.

To furnish proof of the type and quality of service provided to the patient.

To evaluate the proficiency of the individual doctors with regard to clinical and administrative capabilities.

To evaluate the services rendered by the institution in relation to the accepted norms and standards in vogue.

To protect the hospital in case of medico-legal problems as in case of suits filed by the patients for recovery of damage for purported negligence.

To plan the future activities to expand or discontinue any types of services already being rendered, or to introduce new facilities keeping in view the necessity.

To plan and carry out research programs relevant to patient care.

To assess the staffing needs and also to assess the performance of the hospital personnel.

For preparation of the budget and justification for the provision and utilization or augmentation of the physical facilities.

To provide statistical data which forms the basis for administrative use and evaluation and to plan future activities.

To assess the need for equipment and supplies.

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To provide pertinent data to public health authorities to enable them to undertake necessary control and preventive measures, especially when epidemics of infective diseases like gastroenteritis, cholera, hepatitis etc. occur.

Ownership – Privileges – Rights Pertaining to Medical Records

The medical record is a medico-administrative instrument, in which there are recorded observations, in chronological order, by qualified and trained personnel, about the status of the patient, investigative and therapeutic measures undertaken and the result of such measures.

Policies Related to Medical Records

In view of the importance of the medical records, the hospitals should lay down definite policy pertaining to the medical records.

Medical Records Committee

A medical records committee comprising of the representatives from the following can develop the policies pertaining to medical records:

Medical Staff

Nursing Services

Medical Records division and

Administrator

Responsibilities of M.R.O.

The medical records officer is responsible for:

Formulating policies pertaining to the maintenance and utilization of medical records in consultation with the heads of the various departments.

To design the clinical records and report forms of various departments, including the monthly and annual statistical reports.

To assist in determination of system and procedures.

To revise and modify existing systems and procedures to be used in order to improve the quality of services rendered by the hospital.

To maintain the medical records as per the accepted system of indexing.

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To develop and maintain a good filing system.

To assist in determination of the number and types of reports to be submitted.

To assist in devising methods to ensure completion of medical records.

To assist in educating the medical personnel in the use of accepted system.

To assist in conduct of the medical audits and statistical analysis in an efficient manner by ensuring proper maintenance of medical records.

To supervise and train the subordinate staff in medical records keeping.

To check medical records for deficiencies if any and to get them rectified.

To compute the statistics for the whole hospital, for each service and the doctors such as – Admissions, discharges, Births & deaths, Mortality rate, Total hospital days, Average length of stay, Percentage occupancy, Autopsy rates, consultations and complications.

Medical Records Committee – Composition, Tenure and Functions

The important functions of the committee are:

To furnish guidance to the medical records department in ascertaining maintenance of high quality patient care.

To ensure high quality of professional education, scientific research.

To meet the standards and providing the basis for legal protection of the patient, staff and hospital.

The committee meets at least once a month to carry out its functions.

The minutes of meetings should be kept and should be signed by the chairman of the committee.

All hospital records of patients discharged after the last meeting of the committee must be made available to the committee.

The committee will review random samples of case records for completeness, adequacy of measures undertaken – both diagnostic and therapeutic.

The members of the committee will not review their own case records.

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The name of doctors with delinquent and deficient case records must be conveyed to the executive committee for necessary action.

Qualifications of the Medical Records Officer/Librarian

The medical records librarian or officer must possess a qualification in Medical Records Science. This course is offered at some centers like Christian Medical College, Vellore. The duration of the course is one year. The training includes basics of Anatomy, Physiology, Pathology & Forensic medicine. The course covers with medical terminology, classification of diseases and procedures in medicine, Hospital administration, Bio-statistics, Medical records science and computer applications.

The medical records assistant course is also offered at these institutions and the duration of the course six months.

The staff requirement for medical records division is as follows: 1) Medical Records Officer, 2) Medical Records Assistant/ technician, 3) Record clerks for filing, referral, registration, indexing etc, 4) Software specialist/ programmer.

Staffing the Hospital

The strength of any institution is the personnel employed in it. The hospital is a service organization, catering to the public. The hospital staff comprises of medical staff, paramedical staff and non medical staff.

The staffing of the hospital is of utmost importance for the successful realization of the objectives of the institution. The staff should be qualified, adequate to meet the work load and above all dedicated to the cause. Besides the staff operating from within the hospital, careful consideration must be given to those working in the community around the hospital, in preventive and other community health services.

Medical Staff

The medical staff of the hospital should preferably be organized into a well knit teams. This is more important in service like surgery and allied specialties, Medicine and Obstetrics and Gynecology. The team should consist of a senior specialist physician or surgeon, assisted by an experienced assistant and one or two newly qualified assistants. All these staff working full time, can look after about sixty beds. If the teaching responsibilities also included in the duties, the staff strength should be augmented or the number of beds allotted to the team must be reduced.

In many of the corporate hospitals, the junior medical staff are appointed on full time basis. The consultants may be appointed on full time basis or visit hospitals in a particular time of the day. In the latter case, it is advisable to clearly define the times and periods of attendance in the hospital, so that their private work will not interfere with the hospital duty.

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The staffing of the departments is based on two types of systems in vogue.

The parallel system where all the members of a department are treated as equal and each will follow his own line of practice without much reference to others.

The hierarchical system. In this system, the head of the department is concerned with only formulating the broad guidelines of practice, in consultation with the colleagues. He will not interfere in detailed handling of the patients by the colleagues.

In some of the departments like pathology, microbiology, biochemistry, radiology, obstetrics, a head is necessary, as these departments are entrusted with the training of paramedical personnel.

The hierarchical system of the staffing of all departments is recommended for the developing countries.

In majority of countries, the medical staff tend to congregate in and around cities and towns and do not show interest in working in rural areas. To overcome this difficulty, suitable financial inducements must be provided to the medical and other staff.

Nursing Staff

The importance of good nursing service has to be kept in mind while planning for recruitment of staff for hospitals. In absence of good nursing care, the expertise of the medical staff cannot be utilized properly. The nursing staff are responsible for carrying out the instructions given by the attending clinicians. Therefore, appointment of adequate, well qualified nursing staff is essential.

The organization and functions of nursing department are discussed in details under appropriate chapter, elsewhere in this book and not included here again.

Medico-Social Workers

The role of social and domestic difficulties in causation of the illness, is well recognized. Hence, a medico-social department comprising of trained, qualified medico-social workers, who will collaborate with the clinicians, should be established in all hospitals. The staffing of this department can be determined according to the size of the hospital. In a hospital with about 500 or more beds it is essential to have several medico-social workers assisted by clerical assistants, to counsel the patients. The demand for qualified, trained, dedicated social workers is much in excess of the demand.

The medico-social worker has basic training in social sciences and by virtue of the nature of her work in the hospital, she should have the knowledge of the local customs, traditions and general mode of life of people in the community served by the hospital. This

will enable her to establish good relations with the public in the community and will enable her to carry out her public health activities successfully.

Physiotherapists and Occupational Therapists

With the shift of emphasis from curative through preventive to rehabilitative medicine, the appointment of qualified physiotherapists and occupational therapists is essential. The services of these specialists are utilized to improve the quality of life of patients recovering from diseases, which result in handicap. The organization, staffing and functions of the physical medicine are discussed in detail under appropriate head in the book elsewhere.

Pharmacists

The department of pharmacy is usually headed by a chief pharmacist, who will be assisted by pharmacists. The number of staff required will depend on the work load and timings of the hospital pharmacy. The hospital pharmacies are now concerned with procurement, stocking and issuing of drugs and medicine available in the market. The practice of dispensing prescription and preparing of intra venous fluids for infusion is now on the wane.

The pharmacists are responsible for keeping the stock books and registers prescribed by the laws of the country, with regard to addiction producing drugs like narcotic drugs and certified poisons.

Radiographers

The chief radiographer is responsible for the smooth working of the radiology department and for maintaining the registers, for ordering, checking and safe custody of the films and reagents. He will be functioning under the direct supervision of the radiologist. Ordering for costly equipment is the responsibility of the radiologist. Radiographer, under the radiologist is responsible for the equipment and instruments in the radiology department.

Dieticians and Catering Officers

These are also involved in patient care. The organization and functions of dietary services are dealt within detail in a separate chapter.

Medical Records Officer

The details of the qualifications, responsibilities and functions of M.R.O. are included in the discussion on medical records office.