

# Do No Harm: Bridging the Gap between Food Services and Eating Disorder Treatment

## *The Problem*

It is estimated that 8 million Americans have an eating disorder. Given the major decrease in reimbursement rates, eating disorder patients are often forced to seek treatment at higher care levels and thus receive an increase of their treatment in hospitals.

Due to the nature of eating disorders, a collaboration between nutrition and food services is essential. For these patients as well as many others, food is imperative to their treatment. Inpatient treatment of eating disorders depends on food service to deliver trays accurately and in a timely manner. Current food services eating disorder protocol includes transferring beverages with nutrition labels to unlabeled containers, delivering trays to the nursing station, and placing mandatory supervisor checks on all trays. Despite these measures, there were discrepancies on trays. In order to further refine the eating disorder protocol, additional measures have been introduced. Such accuracy on eating disorder trays is essential because any discrepancies or missing items compromises treatment and recovery.

## *Aim/Goal*

Increase the accuracy of all patient line eating disorder trays by following the revised protocol for breakfast, lunch, and dinner to 100% accurate per RN/RD feedback. The protocol was designed to decrease the number of incorrect trays and missing items and thus strengthen the role of food services in eating disorder treatment.

## *The Team*

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## *The Interventions*

- Focus groups with Clinical Nutrition and Food Service Management
- Best practices reviewed at other hospitals
- Eating Disorder Trays placed in a bag and sealed
- Created policy on bagging trays introduced to primary eating disorder floors
- Both “Tray Checked By Supervisor” bright orange sticker and supervisor signature on all tickets
- Printing out “red flag” patients and placing the list on the trayline and noting when the ticket is expected to print to further enforce the need for a supervisor check on each tray



## *Lessons Learned*

The new requirements implemented to ensure eating disorder tray accuracy requires additional time and effort from the manager on duty. However, given the significant decrease in reports of discrepancies from the nursing staff of eating disorder patients, the extra effort is certainly worthwhile.

## *Next Steps/What Should Happen Next*

- Add eating disorder tray protocol to nursing manual
- Focus group between clinical and food service
- Monitor protocol to qualify efficacy and make necessary changes

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