Dietitians Corner
Meeting Needs through Communication and Training

By Barbara Wakeen, MA, RD, LD

Recently, at a corrections conference, I was gathering information from some medical professionals about the cost savings associated with standardized diets. In the process, my goal backfired when I learned that costs were increasing, not decreasing. Soon I became a sounding board for varying medical professionals (physicians, nurse practitioners and nurses) regarding many issues they expressed:

- lack of appropriate foods available from the food service department for special medical diet needs – no juice or broth available for a liquid diet
- inappropriate foods served on medical diets - high sodium processed foods served on low sodium diets
- meds adjusted rather physician ordering a diet with no guaranteed accuracy
- calorie reduction to 2500 calories for juvenile main menus resulting in many complaints of not enough food
- calorie increases to 3200 calories for juvenile main population menus for juveniles resulting in weight management issues
- a foodborne illness outbreak in a prison where the dietitian/food administrator wasn't notified for more than a week

As a registered dietitian (RD), I felt helpless and frustrated to know these issues could be avoided with increased presence of the RD and training in correctional facilities. I made contacts the best I could for some of the issues to be addressed. Unfortunately, RD's aren't mandated in many states beyond approving menus and writing diets, so we don't always get to monitor actual food preparation and delivery. Some states only have one dietitian to represent the whole correctional system. Jails hire consultants to 'review and approve menus', but beyond that, there is often no on-site presence of the RD. I get several queries in a year from RD's without corrections experience requesting assistance on requirements for approving menus in correctional facilities.

Training and diet counseling, unfortunately, are not a staple service RD's are authorized to provide unless it is part of policy/standard/contract; there is a medical facility employing an RD; there is a request from medical or administration or a court order. We have all seen the wave of increased RD's in a system when there is a court mandate and the reduction after it's termination.

Training and supervision at all levels of food service doesn't *have* to be done by an RD. *Regular communication* and periodic/scheduled in-service training on diets and food safety for Food Service Directors (FSD), Food Service Supervisors (FSS) and all levels of medical staff can quell issues such as those identified above. *Communication* is the key word here. The FSD should hold regular training sessions with food service staff and inmate workers to ensure appropriate procedures are being followed. In most of the cases above, the FSD/kitchen supervisor never notified the dietitian of a need for assistance

and/or denied the medical request. There is an obvious breakdown of communication for the other issues between food service and the medical department. It behooves us as food service personnel to have a great relationship with the medical department. This keeps us in compliance and can even aid food service in controlling costs.

When a diet request comes from medical to the food service department, the FSD (and RD when available) must ensure appropriate measures are taken to accommodate the diet. A diet order is like a prescription from the doctor. If there is something abnormal requested such as special food items, supplements or a diet not planned in writing, *it must be addressed and documented.* Contact the RD for guidance as needed and/or the medical department to ensure the validity of the diet. Refer the RD to medical as needed or vice versa. Review the diet information with necessary food service staff and monitor compliance.

Queries of the Quarter

- Calorie levels offered to juveniles. (From Australia where complaints of 3900 calories weren't enough.)
- Different calorie levels served to males and females?
- Standards to approve jail menus
- Nutritionally adequate diets affecting behavior (From a political science graduate student writing a thesis)

Meetings and Announcements

National Commission on Correctional Health Care (NCCHC)
Updates Conference
May 5-8, 2007
Orlando, Florida
www.ncchc.org

Past ***Dietitians Corner*** are available on the ACFSA web site – **www.acfsa.org.**

Membership Information

If you would like to be added to the Dietitians in Corrections networking EML, please email me directly at bwakeen@neo.rr.com. You do not have to be a dietitian. This is an informal discussion group and your name/email address will be listed in each email sent to the group.

If you are interested in joining the CD-HCF Corrections Sub-unit, contact me directly at bwakeen@neo.rr.com. ADA membership and CD-HCF membership are required to participate. If you are already a member and want to subscribe the Corrections Sub-unit EML or be listed in the directory, visit the CD-HCF web site at www.cdhcf.org/subunits.