Medical Safety Information, Project to Collect Medical Near-Miss/Adverse Event Information; No.117, August 2016

Japan Council for Quality Health Care

Project to Collect Medical Near-Miss/ Adverse Event Information

Medical Safety Information

No.117, August 2016

Inadequate Checks of Meal Type Information from Other Facilities

Three cases have been reported involving the provision of an unsuitable meal to a patient due to the failure to check meal type information from other facilities (information collection period: from January 1, 2013 to June 30, 2016). The information is compiled based on "Individual Theme Review" (p.109) in the 26th Quarterly Report.

Cases of the provision of an unsuitable meal to a patient due to the failure to check meal type information have been reported.

Meal Type Information from Other Facility	Meal Provided	Age of Patient	Background
100% rice gruel / chopped food	Normal meal	80s	• When issuing the dietary order at the time of admission, the physician did not check the meal type specified on patient referral document
100% rice gruel / soft diet / minced food	Normal meal	70s	 Meal type information had not been obtained at the time of admission, so the physician ordered a normal meal in the interim The nurse did not check the content of the nursing summary provided by the institution from which the patient had been transferred
Rice gruel / minced food	Normal meal	80s	• There was a delay in the provision of meal type information from the institution from which the patient had been transferred

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Case 1

When issuing the dietary order at the time of admission, the physician entered "normal meal," without checking the meal type specified on the patient referral document. When setting out the meal, the nurse did not watch the patient to see how well s/he managed chewing and swallowing. When the nurse visited the room 15 minutes later, because the patient was reported to be choking, the patient's SpO₂ had dropped to 80%. A large amount of cooked rice was suctioned out and the patient's SpO₂ improved to 97%. When the nurse subsequently checked the meal type that the patient had been receiving prior to transfer, s/he discovered that the previous physician had specified "100% rice gruel / chopped food."

Case 2

Meal type information had not been obtained from the institution from which the patient had been transferred, so the physician provisionally ordered a normal meal when issuing the dietary order at the time of admission. The nurse set out the patient's dinner and watched the patient take three mouthfuls of food before leaving the room. When the nurse subsequently returned to the room to check how the patient was managing with the meal, s/he found the patient unconscious on the bed. The patient did not react when called by name and there was a large amount of satsuma orange and cooked rice in the patient's oral cavity. The nursing summary that the patient had brought in at the time of admission specified the meal type required as "100% rice gruel / soft diet / minced food," but the nurse had not checked it.

Preventive measures taken at the medical institutions in which the events occurred

 Staff will check the patient referral document or nursing summary from the previous institution and select a meal type suitable for the patient.

* As part of the Project to Collect Medical Near-Miss/Adverse Event Information (a Ministry of Health, Labour and Welfare grant project), this medical safety information was prepared based on the cases collected in the Project as well as on opinions of the "Comprehensive Evaluation Panel" to prevent the occurrence and recurrence of medical adverse events. See quarterly reports and annual reports posted on the Japan Council for Quality Health Care website for details of the Project. http://www.med-safe.jp/

* Accuracy of information was ensured at the time of preparation but cannot be guaranteed in the future.

* This information is intended neither to limit the discretion of healthcare providers nor to impose certain obligations or responsibilities on them.



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