

A. Institutional Food Service-Hospitals

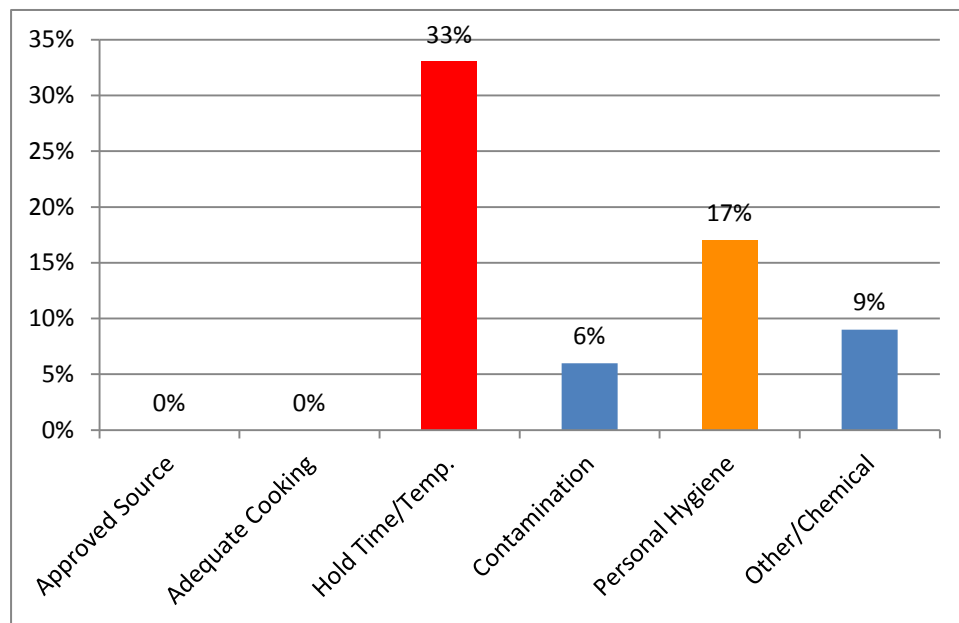
Introduction

For the 2010 Wake County Baseline survey, all seven hospital cafeterias were surveyed. For the 46 possible individual data items on the survey instrument, 178 observations were made at seven hospital kitchens. See Appendix A for complete data related to hospitals.

Certified food protection managers (71%): For this survey, a certified food protection manager had to be present, and possess a State-approved course certificate, in order to be marked IN compliance. A certified food protection manager was present at five of the seven facilities (71% IN compliance).

Results and Discussion

Table H-1: The following diagram represents OUT of compliance risk factors by category as a percentage of total observations.



The same data is shown in the table below with the actual number of OUT of compliance observations relative to the total number of observations (IN and OUT).

Foodborne Illness Risk Factor Risk Factor OUT of compliance:	Hospital Cafeterias		
	% OUT	# OUT observations	Total Observations
Food from Unsafe Source	0%	0	14
Inadequate Cooking	0%	0	31
Improper Holding/Time-Temperature	33%	15	46
Contaminated Equipment/Contamination	6%	2	35
Poor Personal Hygiene	17%	7	41
Other/Chemical	9%	1	11
Totals	14%	25	178

The foodborne illness risk factors needing priority attention are:

- Hold/Time and Temperature (33% OUT of compliance)
- Personal Hygiene (17% OUT of compliance)

Tables H-2 and H-3 show the breakdown of these risk factors into the specific individual data items on the survey instrument that need priority attention.

Tale H-2: Improper Holding/Time-Temperature (33% OUT)

Data Item	# OUT	Total Obs.	% OUT
Cold Hold 8a	4	7	57%
Commercially prepared RTE, PHF date marked 10c	4	7	57%
Hot Hold 9a	3	7	43%
RTE, PHF discarded after seven days 10b	3	7	43%
RTE prepared on site, PHF date marked 10a	1	7	14%

Items with $\geq 25\%$, with significant sample size, are shown in **bold.*

Cold Holding at 41°F (Individual Data Item 8a): Maintaining potentially hazardous food (PHF) foods under the cold temperature control of 41°F limits the growth of pathogens that may be present in or on the food and may help prevent foodborne illness. Temperature has significant impact on both the generation time of an organism and its lag period. Control of the growth of *Listeria monocytogenes* (*Lm*) is the basis for the cold holding temperature of 41°F. North Carolina's cold holding temperature requirement is 45°F.

Date marking (Individual Data Items 10a, 10b, and 10c): Date marking of refrigerated ready-to-eat, PHF foods is an important food safety system component designed to promote proper food rotation and limit the growth of *Listeria monocytogenes* during cold storage. Discarding ready-to-eat, PHF that has remained in cold storage beyond the parameters described in the FDA Food Code prevents foods with a harmful level of *Listeria monocytogenes* from being served. The importance of date marking ready-to-eat, PHF is accentuated in the hospital environment because the meals are primarily served to a highly susceptible population. North Carolina's current rules do not require date marking.

Hot Holding (Individual Data Item 9a): Holding PHF at the proper hot temperature of 135°F is critical to preventing the growth of bacteria. Equipment, processes and monitoring procedures related to maintaining temperature control for PHF need to be assessed and corrective action should be taken, if necessary.

Table H-3: Poor Personal Hygiene (17% OUT)

Data Item	# OUT	Total Obs.	% OUT
Employee Health Policy 17a	4	7	57%
Good Hygienic Practices 14a	2	7	29%
Proper Handwashing 13a	1	6	17%

Items with $\geq 25\%$, with significant sample size, are shown in **bold.*

Employee Health Policy (Item 17a): The development and effective implementation of an employee health policy based on the provisions in the Food Code may help to prevent foodborne illness associated with contamination of food by ill or infected food service employees. Current North Carolina rules do not require an employee health policy.

Good Hygienic Practices (Item 14a): Proper hygienic practices by food service employees minimize the possibility of transmitting disease through food. Employee practices such as eating, drinking and smoking in food preparation areas and working while experiencing persistent coughing and sneezing must be prohibited. Elimination of these practices will help prevent the transfer of microorganisms to foods and food contact surfaces.

Proper Handwashing (13a): Handwashing is a critical factor in reducing fecal-oral pathogens that can be transmitted from hands to RTE food as well as other pathogens that can be transmitted from environmental sources. Many employees fail to wash their hands as often as necessary, and even those who do may use flawed techniques.

Summary

Table H-4: foodborne illness risk factor categories and individual data items in need of priority attention

Foodborne Illness Risk Factor in need of priority attention	Individual data items in need of priority attention with % OUT
Holding/Time-Temperature (33% OUT)	Cold Hold 8a (57% OUT)
	Commercially prepared RTE, PHF date marked 10c (57% OUT)
	Hot Hold 9a (43% OUT)
	RTE, PHF discarded after seven days 10b (43% OUT)
	RTE prepared on site, PHF date marked 10a (14% OUT)
Personal Hygiene (17% OUT)	Employee Health Policy 17a (57% OUT)
	Good hygienic practices 14a (29% OUT)
	Proper handwashing 13a (17% OUT)

Items with $\geq 25\%$, with significant sample size, are shown in **bold.*