Mealtimes matter: Improving the patient meal experience

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Background
Research indicates that up to 30% of hospital inpatients experience malnutrition; with up to 60% of elderly patients exposed to an increased nutritional risk[1]. A major cause of functional decline and increased morbidity and mortality in the older population, malnutrition can lead to a variety of negative outcomes for a hospitalised patient including increased length of admission, decreased quality of life and prolonged recovery[2]. Consuming adequate food and fluids can improve recovery time, reduce infection risk, enhance wound healing and decrease risk of complications in hospital[3]. Simple strategies such as Red Trays and Protected Meal Times have been evaluated and shown to improve patients’ nutritional intake and overall nutritional status in a hospital setting.

In January 2014, Werribee Mercy Hospital opened a new purpose built 30-bed sub-acute ward comprising of Geriatric Evaluation and Management, Rehabilitation and Transition Care Program beds. Given the patients admitted to the sub-acute ward are mainly elderly patients, they were considered an ideal population group for implementation of the Red Tray and Protected Meal Times initiative. The opening of a new ward created an opportunity to introduce this initiative that was proven to improve nutritional outcomes.

Problem
- Elderly patients with physical and/or cognitive limitations may not be able to open food packets or feed themselves.
- Removal of a patient’s meal before they have an opportunity to complete it, constant interruptions during meals such as scheduling procedures or tests, and meal trays placed at a non-reachable distance to patients are all factors that compromise a patient’s access to food and can contribute to nutritional decline.
- Staff are often unaware that patients may require assistance to eat, contributing further to a patient’s risk of malnutrition.
- Pre-implementation meal time audits conducted in March 2014 showed that only 65% of patients who needed meal assistance received it and 42% of patients were interrupted during their meals.

Intervention
A Red Tray visual identification system was implemented on the sub-acute ward to identify those patients who required assistance with their meals. Patients needing assistance were classified as needing: Supervision, Set-up assistance or Full assistance. This was combined with a hospital wide commitment to protecting patient meal times from any non-critical interruptions for 30 minutes at each meal. Our objective was to implement these initiatives on our sub-acute ward and to measure their effectiveness.

The problem from the patient’s perspective

Did I receive assistance with my meal when I needed it?

<table>
<thead>
<tr>
<th></th>
<th>No assistance</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 2015</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>Apr 2014</td>
<td>65%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Was I interrupted during my meal?

<table>
<thead>
<tr>
<th></th>
<th>Interrupted</th>
<th>Not interrupted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 2015</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>Apr 2014</td>
<td>65%</td>
<td>35%</td>
</tr>
</tbody>
</table>

The implementation process included:
- Pre and post implementation patient and staff surveys and observation audits
- Development of a meal assistance identification system
- Organisation-wide approach to protect meal times
- Development of new policies and procedures
- Consultation with consumer committees
- Staff education and engagement
- Creation of information posters for patients and visitors

Outcomes
Red Trays and Protected Meal Times provide a way to easily identify patients who require additional assistance at meal times. The main outcomes achieved:
- Increase in patients receiving meal assistance from 65% to 75%
- Reduction of interruptions during meal times from 42% to 22%

Red Trays and Protected Meal Times can offer an effective way of decreasing malnutrition and its associated risk factors in hospitals.

Next Steps
Our team is continuing to implement changes to enhance the process in order to provide patients with an optimal meal time experience. The sustainability of this initiative relies on continuing a whole of hospital approach to improving patient nutrition. Future strategies for this initiative include:
- Further implementation of Red Trays and Protected Meal Times to other wards at Werribee Mercy Hospital
- Regular audits
- Review and improvement of processes
- Ongoing education and training for staff
- Ongoing patient consultation

References
2. Clinical Epidemiology and Health Service Evaluation Unit: Melbourne Health 2004, Best practice approaches to minimise functional decline in the elderly person across the acute, sub-acute and resident aged care settings, Australian Health Ministers’ Advisory Council, Melbourne