

Collaborating to Make Meals Matter Using Mealtime Strategies

Mei Tom, RD, Shelley Warden, RD, Brenda Le, RD, Marlis Atkins, RD, Carlota Basualdo-Hammond, RD, MSc, MPH

"Eating is a basic human necessity – patients need to eat well to get better. Intake tends to improve when hot meals and beverages are served in a timely fashion at the right temperature."

- Staff from a Protected Mealtimes unit

Background



1 in 2 patients admitted to hospital are malnourished

- The Canadian Malnutrition Task Force found that 45% of patients are malnourished upon admission and do not get assistance with meals when needed¹.
- Malnutrition is linked to longer length of stay and higher morbidity and mortality¹.

What is Protected Mealtimes?

Protected Mealtimes is a strategy that aims to provide a positive eating environment and improve patient food intake.

<p>✓ Get patients ready to eat</p> <ul style="list-style-type: none"> Sitting up at 90° Tray table is clear Food is in reach 	<p>✓ Provide meal assistance as needed</p> <ul style="list-style-type: none"> Food packages opened Food cut in small pieces Help with eating and drinking 	<p>✗ Limit non-urgent clinical activity</p> <ul style="list-style-type: none"> Tests, procedures done outside of mealtime Limit interruptions Non-urgent tasks done outside of mealtime
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Objectives

- To collaborate with health care teams to develop and implement mealtime improvement strategies.
- To evaluate the effectiveness of mealtime improvement strategies.

Methods & Findings

This quality improvement initiative focused on 2 medicine units at the University of Alberta Hospital between Jan 2016 - May 2017.



Conclusions

Outcomes

- Patients experience fewer barriers at mealtimes.
- More patients up in chair for meals.
- Modest improvement in amount eaten.
- Unit staff more aware of nutrition and how small changes in practice directly impact the patient experience.
- Better understanding of how teams can be supported to implement Protected Mealtimes in a large acute care hospital.

- A collaborative approach engages the team to generate creative solutions. Implementation must be tailored to the needs of each unit.
- Support is required to continue regular audit/feedback for the areas, support changes for improvement, report our successes and demonstrate sustainability.

Acknowledgments

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¹ Allard JP, Keller H, Jeejeebhoy KN, Laporte M, Duerksen DR, Gramlich L, et al. Malnutrition at hospital admission – contributors and effect on length of stay: a prospective cohort study from the Canadian Malnutrition Task Force. J Parenter Enteral Nutr. 2016 May;40(4):467-97.