

Becoming Food Aware in Hospital: Best practices for a multi-level approach to improve the culture of nutrition in hospitals

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Introduction

Problem

- **45% of patients admitted to a medical or surgical ward in Canadian hospitals are malnourished.**¹
- Malnutrition has been shown to increase mortality, length of stay, and risk of readmission, affecting patient flow and health care costs.^{1,2}
- Common challenges and barriers to food intake include: effects of illness (e.g. poor appetite), **eating difficulties and organizational barriers** (e.g. mealtime interruptions).^{3,4}
- **Undetected malnutrition** is of concern when patients return to the community or care home without additional nutrition support and have not seen a dietician.¹

Suggested Solutions

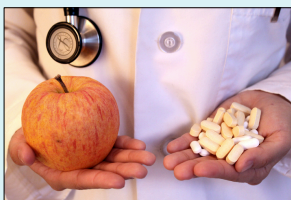
- A **multi-level approach**^{1,5}
- **Recognition** of the potential **barriers** to food intake⁶
- A **culture** that supports the nutritional needs of patients^{1,5}
- **Shared responsibility** between hospital staff, management, patients and their families^{1,5}

Aim

To synthesize existing research (including from the Nutrition Care in Canadian Hospitals study) with current **best (or better) practice methods**, and to provide **evidence-based recommendations** for implementing **sustained improvements to nutrition culture in hospital**, and methods to promote nutrition as medicine.

Methods

- An evidence and best-practice (or 'better practice') scan of the literature after 2010 and narrative synthesis.
- Search and synthesis focused on the importance of treating food as medicine by all staff, patients and families.
- Sources included peer-reviewed literature, as well as organizational websites for protocols, practice and improvements.



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45% of patients admitted to a medical or surgical ward in Canadian hospitals are malnourished¹

Results

Moving Towards Culture Change

Effective Implementation

- **Implementation strategies** should support a **multidisciplinary approach** to change nutrition culture.
- Use the **Knowledge-to-Action Framework** to take the evidence and tools produced through knowledge syntheses and apply them in an action cycle (**context, barriers, monitoring and evaluation processes**, eventually leading to **sustained change**).^{7,8}
- Implementation should include steps such as, **"uniting the right person with the right task"**.⁵
- **Specific roles** for each profession should be clear so each person can play their part with clearly defined accountability.

Education / Training

Training for All Staff

All staff require training and time to **learn and implement their roles** in nutrition care. This enables them to understand that they are accountable for the quality at which these roles are carried out.⁵



Patient and Family Awareness/Education

The combination of **increased nutrition knowledge and awareness** in the patient, as well as the ability of the hospital to provide adequate support, has the potential to improve patient experience and **decrease complications** associated with malnutrition.

Engaging Hospital Management

Hospital management must be on board with the actions to improve nutrition culture. This goes beyond being aware of the issues associated with malnutrition, to **developing policy** that promotes nutritional practice in their hospital.

Organisational and Departmental Changes

Nutrition Screening

Screening tools are beneficial for raising awareness; however, positive results must be **followed up with diagnosis**, and where required, individualized assessment.⁹

Protecting Mealtimes

During mealtime, staff should be aware that interruptions should be reduced so patients can have **sufficient time and support** from staff to eat their meals.

Eating Assistance

Assistants have been shown to improve food intake, improve efficacy of dietitians, support the implementation of care plans, allow for patient preferences to be heard and improve communication with food services.¹⁰

Evidence Based Recommendations

- **Education and training** for all staff and hospital management on their role in preventing malnutrition.
- **Reminders** to implement training in practice and sustain changes.
- Institute policies that promote **focus on patient food intake** at meal time.
- **Key opinion leaders** can communicate the messages effectively.
- Have staff (potentially a diet technician) **identify food preferences** and communicate these to food services.
- Allow access to food **between meals**.
- **Monitor** for changes in nutritional status:
 - **Weight** monitored weekly,
 - **Food intake** monitored 2x week,
 - **Missed meals** are tracked and minimized, with additional food available on the ward.
- Staff should be aware that oral nutrition supplements (ONS) are appropriate in some cases, but there are benefits associated with meals that ONS cannot provide.
- Staff and families should know when and how to **position patients** for meals and make the dining area as pleasant as possible.
- Staff and families should assist in setting up the meal tray, opening packages and orienting patients, as needed.
- Staff and family should **encourage food intake**.
- When possible, encourage patients to **eat with a group** of patients or family members.
- Consider nutrition in **discharge plans** to ensure follow-through of treatment into the community.



Key Messages

- A change in nutrition culture is needed in hospitals.
- A multi-level approach is needed to achieve this change.
- All hospital staff, management, patients and their families need to be involved.