

# MEALTIME AUDIT TOOL

## Instructions

- There are two parts to the audit:
  - Part 1:** General observations of the unit and descriptors of the mealtime being audited
  - Part 2:** Specific challenges or barriers to food intake experienced by selected patients
- Auditor will arrive approximately 10 minutes before the anticipated meal start time to complete Part 1.
- Auditor will try not to interrupt or alter the usual mealtime in any way.
- After selected patients have completed their meals, auditor will ask questions (as shown in Part 2). Multiple copies of the second page with Part 2 may be used for a single meal.
- If any questions are not applicable to an individual patient, auditor will note 'N/A'.  
*The item on meal selection is N/A if there are no selective menus; this is not asked of patients.*
- Auditor will write clarifying patient comments, in the space provided, such as type of assistance needed.
- Part 2:** To obtain the score, auditor will count the total number of 'No' responses for each patient.

## Part 1: General observations of unit mealtime activity

Date of audit: \_\_\_\_\_ Name of auditor: \_\_\_\_\_

Which meal?     Breakfast     Lunch     Supper

Time auditor arrived on unit (e.g., 12:00 p.m.): \_\_\_\_\_

Type/Unit (e.g., medical, surgical or name): \_\_\_\_\_

Number of beds filled: \_\_\_\_\_

Time meal truck arrived on floor: \_\_\_\_\_ Time tray distribution started: \_\_\_\_\_

Time tray distribution completed: \_\_\_\_\_ Time of truck removal: \_\_\_\_\_

*Comment on the unit readiness for the meal and any delays/challenges that might influence the patients' perceptions of the meal.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Part 2: Questions to ask patients...

|   | Patient:    |              | Patient:    |              |     |    |     |          |
|---|-------------|--------------|-------------|--------------|-----|----|-----|----------|
|   | Comments    |              | Comments    |              |     |    |     |          |
|   | Self-rating | Staff rating | Self-rating | Staff rating |     |    |     |          |
|   | Yes         | No           | N/A         | Comments     | Yes | No | N/A | Comments |
| <p><b>How was your meal?</b><br/>On a scale of 1 to 10 (1 is low and 10 is high), how important is your food and fluid intake (in hospital) to your recovery?<br/>On a scale of 1 to 10, how much importance did staff place on your food and fluid intake?</p> |             |              |             |              |     |    |     |          |
| 1. Did the meal come at an appropriate time for you?  |             |              |             |              |     |    |     |          |
| 2. Did you get the food that you ordered (if applicable)?   |             |              |             |              |     |    |     |          |
| 3. a) Did you have all of the food/drink items you wanted during this meal?<br>b) If you requested other items, did you get them? <i>N/A if none requested</i>  |             |              |             |              |     |    |     |          |
| 4. Was your meal appetizing (presentation and aroma)?   |             |              |             |              |     |    |     |          |
| 5. Were hot foods served hot?   |             |              |             |              |     |    |     |          |
| 6. Did you need help being positioned comfortably prior to eating, AND if so, was help provided? <i>N/A if no help needed</i>   |             |              |             |              |     |    |     |          |
| 7. Did you have everything you needed in order to eat/drink comfortably (such as your glasses, dentures, etc.)?   |             |              |             |              |     |    |     |          |
| 8. a) Were you able to reach your meal tray?<br>b) Were you able to open your food packages, OR did you get help to open packages?  |             |              |             |              |     |    |     |          |
| 9. a) Are you able to eat your meal without help (from staff or family)?<br>b) If staff helped you, did you get help when you wanted it? <i>N/A if no help provided by staff</i>  |             |              |             |              |     |    |     |          |
| 10. Did you have enough time to eat your meal?  |             |              |             |              |     |    |     |          |
| 11. Were you visited by staff mid-meal to see if you needed anything?   |             |              |             |              |     |    |     |          |
| 12. <i>If tray is untouched, ask: did staff offer you any other food to eat?</i><br><i>N/A if some items eaten</i>  |             |              |             |              |     |    |     |          |
| 13. Are you suffering from constipation, AND if so, have you been offered anything to manage it?<br><i>N/A if no constipation</i>   |             |              |             |              |     |    |     |          |
| 14. Were you offered help to use the washroom before mealtime?<br><i>N/A if no help needed</i>  |             |              |             |              |     |    |     |          |
| 15. Are you experiencing any symptoms like pain or nausea, AND if so, have you been offered anything to manage them?<br><i>N/A if no symptoms</i>   |             |              |             |              |     |    |     |          |
| 16. Were you able to eat your meal without interruptions (e.g., doctor, nurse, physical therapist visiting)?  |             |              |             |              |     |    |     |          |
| 17. Was your meal free from noise, cleaning or other disturbances?  |             |              |             |              |     |    |     |          |
| <b>Total of NO responses – a higher score indicates more barriers to the meal</b>   |             |              |             |              |     |    |     |          |
| <b>Is there anything we could do to make your meals better?</b>   |             |              |             |              |     |    |     |          |

