The Nutrition Care in Canadian Hospitals (NCCH) study revealed that medical and surgical patients who ate ≤ 50% of the food provided to them was an independent risk factor for length of stay (LOS). Poor intake can lead to iatrogenic malnutrition, even in well-nourished patients and 20% of patients' who stayed more than seven days did regress nutritionally. Dietitians typically will use "calorie counts" to determine if a patient consumes enough protein and calories to support recovery. However, calorie counts cannot be completed for all patients and busy nursing staff may not consistently complete the forms. An alternative is self-completion of meal intake by patients who are cognitively able or completion by a proxy (family or friend). The My Meal Intake Tool (M-MIT) was developed and tested in older (65+ years) patients to determine if this self-assessment tool is valid and practical for routine use in a hospital setting. M-MIT assesses patient's intake of beverages and foods provided for a single meal, as well as providing an opportunity for the patient to identify reasons for not consuming the food or beverages.

Key Findings:

This cross-sectional, multi-site (four acute care Canadian hospitals) study included 120 participants who completed the M-MIT for a single meal. To determine validity, the food and beverage intake was also visually estimated by a research dietitian at each hospital. Sensitivity, specificity and overall agreement were calculated for both food and beverages. Patient and dietitian comments were used to revise the form. Using a cut point of ≤50% intake, sensitivity was 76.2% and 61.9% and specificity 74.0% and 80.5% for solid and beverages respectively. The M-MIT identified a greater proportion of participants (37.2%) as having low food intake (≤50%) than did the dietitians. Similarly, low intake of beverages was identified at 28.3% and 24.6% for patients and dietitians respectively

Clinical relevance:

The M-MIT demonstrated preliminary validity for use in older patients with good

cognition. This tool could be used as a means of determining patients' food and fluid intake while at the same time including them in their own care and course of treatment.

Please visit the CMTF web site to download a copy of the M-MIT:
http://nutritioncareincanada.ca/tools/tools-for-your-practice/audit-and-monitoring-change-tools/monitoring-patients