



Canadian
Malnutrition
Task Force™

le Groupe de
travail canadien
sur la malnutrition^{MC}

A Précis of the publication: *The Mealtime Audit Tool (MAT) – Inter-rater reliability testing of a novel tool for the monitoring and assessment of food intake barriers in acute care hospital patients*

J. McCullough, H. Marcus and H. Keller. *J Nutr Health Aging* Nov 2017 Vol 21 Issue 9, pages 962-970.

The Nutrition Care in Canadian Hospitals (NCCH) study revealed that low food intake from the tray (i.e., $\leq 50\%$) in medical and surgical patients was an independent risk factor for length of stay (LOS). Inadequate food intake (FI) can be exacerbated by hospital physical and organizational barriers such as patients' difficulty in cutting food, opening food packages, reaching the meal tray, uncomfortable positioning, food not served at convenient times, receiving wrong foods, dissatisfaction with food quality, etc. The Mealtime Audit Tool (MAT) is a staff administered assessment tool to identify FI barriers for individual patients.

The objectives of this two-part study were:

1. To test a draft version of the tool and characterize barriers to food intake in older adults in four Canadian hospitals
2. After the first objective was completed, MAT was revised and tested for inter-rater reliability

Key Findings:

In study 1, 120 older adults (65+ years of age, adequate cognition) participated and the barriers they experienced at one mealtime, using MAT, were recorded. Descriptive analyses characterized the prevalence of barriers across the hospitals. The number of barriers experienced were 2.93 ± 1.58 .

In study 2, 90 patients (medical or surgical) were recruited. Revisions were made to MAT based on recommendations from the study 1 hospital sites. This revised version was tested for inter-rater reliability. In study 2 the number of barriers were 2.51 ± 1.19 . The revised MAT was found to be reliable between raters with an Intraclass correlation coefficient (ICC) of 0.68 (95% CI).

Clinical relevance:

The MAT is reliable when used by auditors with minimal training. The MAT is a novel measure of FI barriers, which are not regularly or systematically monitored in most Canadian hospitals. An audit tool such as the MAT may help hospital/food service management to identify common barriers on specific hospital units, providing them with tangible evidence as to where improvements can be made. As FI is essential to recovery and it affects length of stay, it is relevant to assess and remove common barriers that can lead to inadequate patient food intake.

Please visit the CMTF web site to download a copy of the MAT:
<http://www.nutritioncareincanada.ca/tools/auditing-practice>

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