Canadian Malnutrition Task Force™ | le Groupe de travail canadien sur la malnutrition℠

Liberalizing Hospitalized Patients' Diets Will Go a Long Way to Preventing Malnutrition

What is the Problem and Why Should We Change Practice?
Canadian dietitians, diet technicians and other nutrition and foodservice personnel who participated in focus groups as part of the Nutrition Care in Canadian Hospitals (NCCH) study (2010 – 2013) reported that far too often therapeutic diet orders are so restrictive that patients often receive very little food on their meal trays.[1] Not getting enough food to sustain their nutritional status or to prevent or correct malnutrition during the hospital stay is a real concern in Canadian hospitals. This was evidenced by the NCCH study results that revealed 45% of adult patients were malnourished upon admission, and 19% of malnourished patients with a length of stay longer than 7 days deteriorated during their hospital stay.[2] Also, eating less than 50% of the food provided was an independent risk factor for length of stay.[3] When asked, patients usually did not know they are on a special diet, let alone why it was prescribed (unpublished data). This lack of awareness begs the question as to how important restricted diets are for hospitalized patients, and considering it is doubtful that patients will follow a special diet upon discharge. Limited evidence exists for many of the restricted diets that are ordered by health care professionals, making the need for restricted diets questionable.[4]

Given the fact that malnutrition is rife in hospitalized patients and the evidence to support many therapeutic diets is non-existent, it is time that hospitals move to a model of care with a *Food is Medicine* approach that includes liberalizing patients' diets. The Institute for Healthcare Improvement (IHI) conducted a "patients as partners" project where the concept of "comfort food" inspired changes in patients' meal options that improved patient satisfaction, and resulted in better nutrition. [5] The IHI project began by having patients describe their perfect patient experience, and many responses focused on improvements in food service. Based on these experiences, it was recognized that the value of meeting patients' food preferences might outweigh the potential small health-related benefits gained from a restricted diet during a hospital stay. The nutrition staff in this study, responded by creating a liberalized diet program, easing dietary restrictions and extending kitchen hours. The changes resulted in: a 42% increase in the number of patients who rated the service as exceeding or greatly exceeding their expectations; a 42% increase in the number of patients who consumed 75% or more of the food on their trays; and, ironically, a 10% increase in the number of patients selecting appropriately for their prescribed diet. The nutrition staff now monitors the choices patients make and use the information to educate patients during discharge planning.[5]

How to Implement Change in Your Hospital:
1. Conduct an evidence-based review of diet orders to eliminate those for which no evidence exists. It is not uncommon to see 150 different diet orders in a food service system. Two Ontario hospitals were able to reduce the number of diet orders to approximately 55 as a result of such a review (unpublished data). Removing unnecessary diet orders will allow for fewer restrictions and more food options for the patient.

2. Educate physicians and nurses as to what diet orders exist, why only those diet orders exist and the diagnostic categories that require the diet orders.

3. Program hospital computer systems to only accept diet orders that have undergone the evidence review.

4. Ideally, dietitians should be authorized to order nutrition therapy in hospitals, but until the Public Hospitals Act can be changed, obtaining a medical directive for dietitians to change diet orders is necessary to prevent patients from being left on inappropriate diets for too long. Dietitians are encouraged to work with the inter-professional team to implement medical directives for diet orders in their hospital.

For more details on how to conduct an evidence based review of diet orders please contact Bridget Davidson, Executive Director, Canadian Malnutrition Task Force, at bdavidson@cns-scn.ca

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This resource is made possible by unrestricted educational grants received in 2015 from our Visionary partner - Abbott Nutrition and Nourisher partner- Nestlé Health Science.