

# Volunteer Assistance at Meal Times: What is Your Role?



Canadian  
Malnutrition  
Task Force™

le Groupe de  
travail canadien  
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Advancing Nutrition Care in Canada / Améliorer les soins nutritionnels au Canada



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# Hospital Malnutrition in Canada

- Almost 1 in 2 medical or surgical patients who stay 2+ days are malnourished at admission (Allard et al., 2015)
- Less than ¼ of patients see a dietitian, most of these patients are not malnourished; 75% of malnourished are missed (Keller et al., 2015)
- Patients who deteriorate have a longer length of stay (medical 18 days; surgical 12 days) (Allard et al., 2016)
- 2/3 of patients leave in the same nutritional state as admitted while 1 in 5 gets worse (Allard et al., 2016)

# Hospital Malnutrition in Canada

- Poor food intake ( $\leq 50\%$  of tray) in the first week of hospital stay occurs for  $\sim 35\%$  of patients (Allard et al., 2015)
- Poor food intake during admission predicts length of stay when adjusted for other covariates such as malnutrition at admission (Allard et al., 2015)
- Patients experience many barriers to intake (Keller et al., 2015)
  - 42% interrupted during meal
  - 69% if missed a meal, not provided food
  - 30% couldn't open food packages
  - 20% could not reach meal tray

# What is Malnutrition?

## Malnutrition = 'undernutrition'

- Not eating enough energy, protein and other nutrients
- **Obese malnourished:** excess fat stores but micronutrient malnourished
- Continued inadequate intake leads to **functional change** in tissues of the body e.g. muscle loss, weakness, immune function, capacity for recovery, cognition

# Human Costs of Malnutrition

## Negative outcomes associated with malnutrition

- ✓ Delayed wound healing
- ✓ Impaired immunity
- ✓ Lower quality of life
- ✓ Impaired function
- ✓ Increased length of stay, readmission, mortality and/or morbidity rates



**Correia M.I. et al:** *Clin Nutr.* 2003; 22:235-9.; **Covinsky K.E. et al:** *J Am Geriatr Soc.* 2002; 50:631-7.; **Middleton M.H. et al.:** *Intern Med J* 2001;31:455-61.; **Ferguson M. et al.** *J Am Diet Assoc* 1998;98 (suppl.): A22. **Suominen M et al.** *Eur J Clin Nutr* 2005; 59: 578-583.; **Neumann SA et al.** *J Hum Nutr Dietet* 2005; 18: 129-136.; **Norman K et al.** *World J Gastroenterol* 2006; 12: 3380-3385.; **Pauly L et al.** *Z Gerontol Geriatr* 2007; 40: 3-12.; **Keller H,** *Can J Rehab* 1997; 10(3): 193-204; **Keller H,** *J Nutr Elder* 1997;17(2):1-13.

# What prevents people from eating in hospital?

- Lack of appetite
- Difficulties eating/swallowing
- Not positioned correctly to eat
- Unable to reach their tray
- Difficulty getting food when hungry
- Quality of food
- Lack of choice
- Lack of motivation to eat
- Lack of pleasant mealtime environment



# How can you help?

- Hospital staff are very busy and don't always have time to assist patients with their meal.
- During mealtimes, volunteers can follow the meal delivery service to ensure patients have everything they need.
- A second check of all patients can be done mid-meal to see if anything else is needed.

# Your Mealtime Tasks

- Clear the bedside table for the meal tray
- Assist patient to a comfortable position to eat (or find a staff member to help reposition)
- Make sure the meal tray is within reach
- **Open packages/lids**
- Cut food
- Check patients have what they need to eat (e.g. glasses, dentures, etc.)
- Help with missing food items, substitutions
- **Encouraging patients to eat**
- **Provide a pleasant and more social environment during mealtimes**

# What are the most important foods on the meal tray?

- Main entrée
  - High protein foods
- Drink supplements
- Nutrient and calorie-dense foods (especially for people who don't eat much)

# Breakfast – What should they eat first?

- Eggs
- Supplement
- Banana



# Lunch - What should they eat first?

- Falafel
- Pita/Vegetables
- Cantaloupe
- Juice



# Dinner - What should they eat first?

- Salmon (main meat/fish/protein)
- Supplement
- Broccoli (vegetables)



# Gentle Persuasion Tips

- **Emphasize the importance of food intake for recovery:**  
*“Eating is crucial to your recovery and important so that you can be discharged from hospital”*  
*“It is important to eat well to build your strength”*
- **Help to include personal choice or preference in meals:**  
*“Let us know if there’s anything you don’t like/would prefer”*  
*“Let us know if there’s anything you would prefer heated”*
- **Make positive comments about the meal:**  
*“This \_\_\_\_\_ smells good, and looks good for you too!”*

# Encourage Family/Friends to Participate in Mealtimes

- **If you see family/friends visiting, encourage them to visit during mealtimes**
- Share some of your tips for encouraging a patient to eat (what food to suggest first; the importance of the social aspect of meal times)
- Encourage them to bring in their own food and eat with the patient
- If the patient is not eating well, encourage family to bring in favourite foods from home that are:
  - Nutritious (high-protein, nutrient-dense, fruits, vegetables, etc.)
  - Cultural or preferred foods that may not be offered in hospital

# If food is brought from home

- **Make sure the food is labelled with the patient's name and date (if it's not labelled it will be removed)**
- Speak to someone on the unit to find out where the food can be stored (if there is an unlocked fridge)
- Let the patient know that the food is waiting for them in the fridge
- Find out if there is a way to heat up food

# What you DON'T need to do?

- **Automatically open packages or cut food;** ask the patient if they need assistance; remember this is the patient's personal space, ask if you can move things etc.
- **Assist a patient to eat** (put food in their mouth)
  - If a patient needs help with eating, please let someone on the unit know
- **Move a patient**
  - Please check with someone on the unit before assisting a patient to move/get out of bed

# Hand Hygiene

- [ADD process for hand washing etc.]

# Meal Timing

- [ADD timing for meals (when volunteers need to be on the unit etc.)]

# Routine

- [ADD details about logistics, contact information etc. ]

# Acknowledgements

These slides were created and approved by:

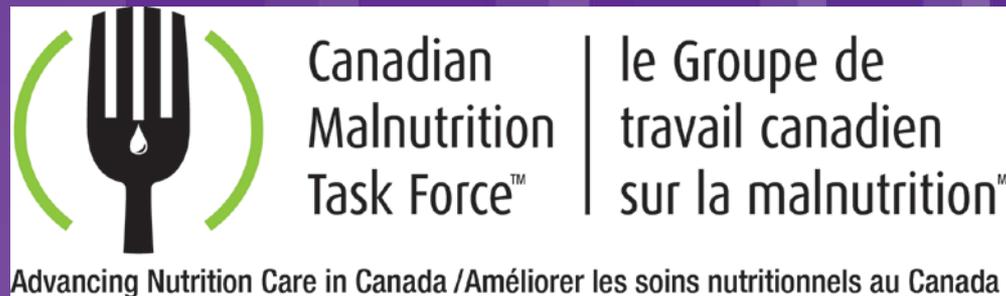
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