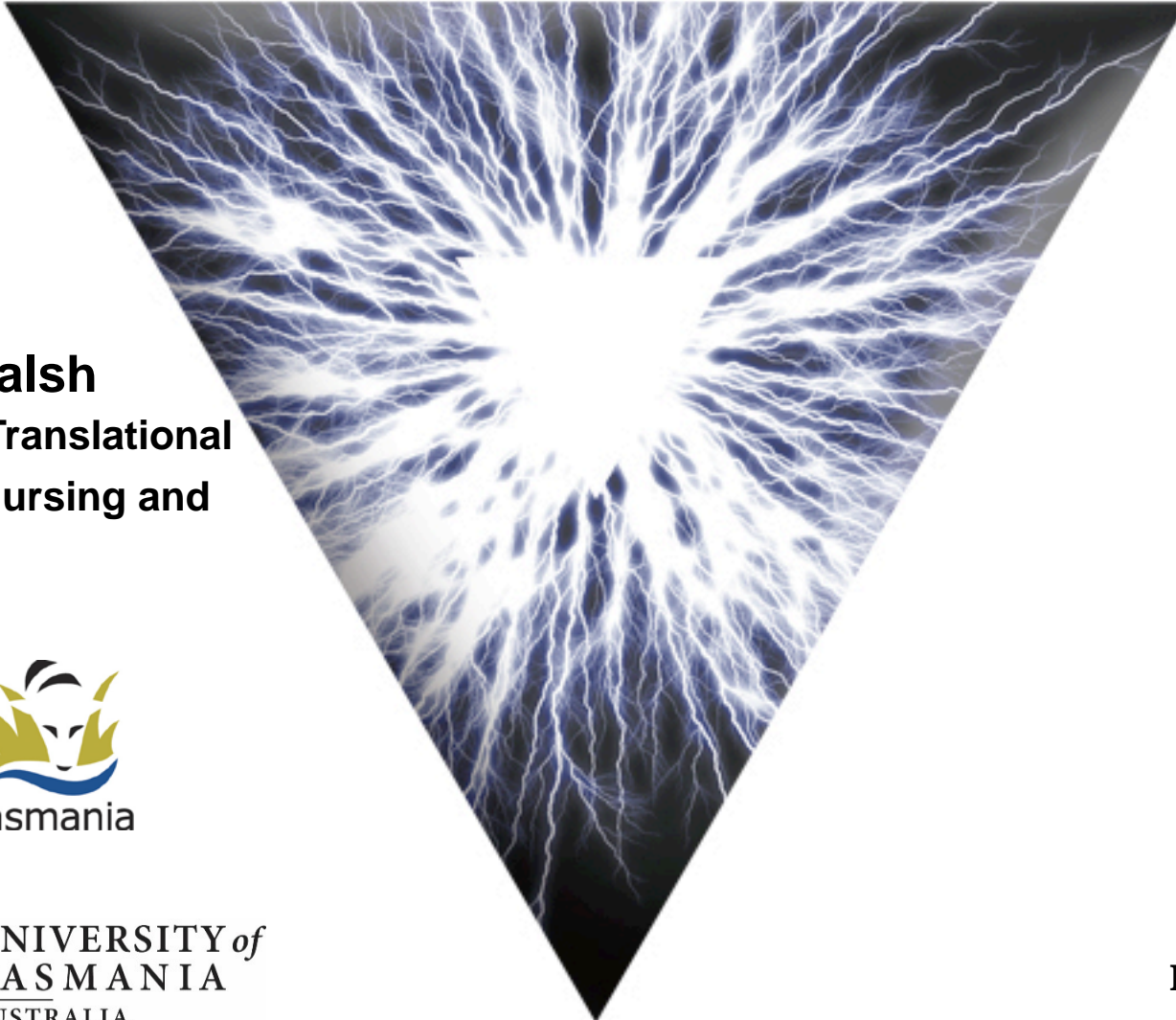


Mealttime Assistance

A Best Practice Implementation Project



Kenneth Walsh
Professor of Translational
Research in Nursing and
Midwifery



TASMANIAN
HEALTH
SERVICE

**FACULTY OF
HEALTH**

Interventions to ensure patients receive appropriate and timely -



MEALTIME ASSISTANCE

...every patient's right...

RHH



Project team members:

Pam Sykes, Ian Norris, Megan Cook, Aaron Woods, Rachel Boughton, Kylie Chilcott, Kenneth Walsh

RHH Mealtime Assistance Study

Purpose:

The study was an initial step in staff becoming 'food aware' and designing systems and processes to ensure patients who need assistance at mealtimes receive the appropriate level and type of assistance.

Ethics Reference No. H0013541



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Why Mealtime Assistance

- MTA documented problem
- Patients receiving MTA eat more
- Nurses have key role in assessment, preparing environment and providing MTA
- Coloured trays are recommended to identify and provide support for patients at nutritional risk, in addition to other strategies



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Baseline context

- ***‘Business as usual’***
 - Medical visits, AH consults, Nursing observations, Venipuncture, Medical Imaging, Patient flow
- Minimal preparation of patients and the environment for mealtimes
- Lack of awareness of which patients required MTA



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Methodology

- JBI model for Evidence-Based Health Care
- Specifically the Evidence Utilisation component incorporating an audit, feedback and re-audit strategy
- Engagement key stakeholders
 - Nursing, Food Services, Medical, AH
 - ED/DCCM, Venipuncture Service, Medical Imaging
 - Executive
- Practice development approach
 - Consultation, focus groups
 - Puzzle - Barriers - Solutions

MEAL TIME ASSISTANCE PUZZLE

How can we improve meal time assistance at RHH? Can you help solve the puzzle?

1. How do we increase awareness of meal times so that this important aspect of patient care is given the priority required?

2. How can we work with food services staff to ensure that patients' nutritional requirements can be met between meal times?

3. How do we offer the most effective assistance to patients at meal times?

4. How do we minimise interruptions to patients during meal times?

13. How do we ensure timely documentation of meal time intake when required?

5. How do we limit planned activities during mealtimes in order to minimise interruptions?

6. How do we avoid meal times clashing with the delivery of patient care and other activities on the ward?

12. How do we help people who require assistance to open packaging?

7. How do we ensure people in isolation get their meals on time and the assistance they require?

We would like your solutions, ideas, or comments relating to these 13 questions that were identified by staff at the feedback sessions.

8. How do we encourage family involvement and assistance at mealtimes?

9. How do we identify and document when patients need help at mealtimes? How can we make sure it happens?

10. How do we ensure that bed areas are de-cluttered in preparation for meal tray delivery?

11. How do we ensure patients who are restricted to bed are offered hand hygiene before a meal?

Please write your comments on the paper provided by Wednesday 19th October

For any queries: Please contact Rachel Boughton, Nurse Unit Manager,

7 Interventions

1. Patient assessment
2. Preparation patients / environment
 - i. Incl. AIN rostering & re-prioritisation of duties
3. Protected mealtimes
4. Set mealtime delivery
 - i. Incl. Dedicated FSO allocation to ward
5. Coloured tray system
6. Family inclusion / encouragement
7. FSO check with nurse regarding meal completion



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1. Patient assessment

- Nursing assessment of level MTA on admission
- Documented in Patient Flow Manager (PFM)
- Can change throughout admission based on clinical condition – continuous process
- Informs coloured tray designation:
 - Full assist (red tray)
 - Setup assist (green tray)
 - Independent (white tray)



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MTA assessment criteria

Grouping	Examples
Direct observation	Very frail elderly, tremors, poor dexterity, SOBOE
Physical impairment	Stroke, upper limb disability (e.g. surgery, plaster), paralysis (e.g. quadriplegia), dysphagia, severe rheumatoid arthritis, low/impaired vision
Cognitive	Positive for impairment per mini-cognitive test, signs of cognitive deficit, diagnosis delirium/dementia, severe intellectual impairment
Clinical	Severe malnutrition, palliative 'end-of-life' care, deteriorating patient, severe pain ± receiving analgesia via PCA, current neurological observations, history of ETOH abuse, altered proprioception
Mental	Severe mental illness with disorganised thoughts and behaviour, social isolation, eating disorders (anorexia nervosa/bulimia)



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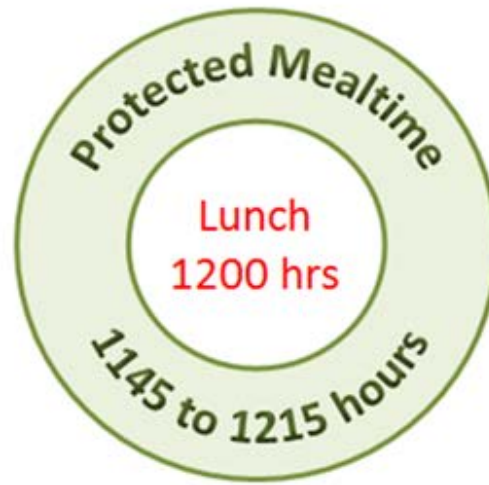
2. Preparation patients/environment

- Ward preparation – sign, announcement, corridor lights dimmed
- AIN roster change and re-prioritisation of duties
 - Preparation of patients and bedside environment
 - Meet/assist FS with meal delivery (RN/EN at Dinner)
 - Priority delivery meal trays to isolation
 - Full assist red trays

This intervention **CRITICAL**
to implementation and success
of other interventions.



3. Set time for meal delivery



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4. Protected mealtime



Staff Please Do Not Enter

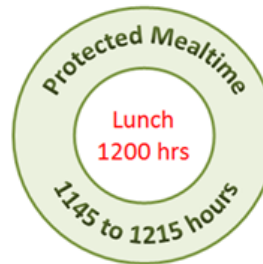
VISITORS WELCOME

Protected Mealtimes

As part of a patient-centred Mealtime Assistance initiative, Ward 2J have implemented a

30 minute protected mealtime.

All **non-urgent activity** is ceased during these times.



5. Coloured tray system



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6. Family / Carers

What can relatives or visitors do to help?

Relatives or visitors are welcome to visit at mealtimes. They may also want to help a patient with their meal. Please check with the nurse in charge if there are any restrictions to offering mealtime assistance.

If possible, relatives and friends are asked to please try to avoid telephoning during protected meal times for information. This will allow staff to concentrate on assisting patients.

If there are any worries or concerns please talk to a member of the nursing staff or the Nurse Unit Manager.

Thank you for your help and support

Protected mealtimes

7.00 am - 7.30 am
11.45 am - 12.15 pm
4.45 pm - 5.15 pm

Contact Details

Ward 2J
Royal Hobart Hospital
Telephone: 03 6166 7353

Nurse-in-Charge of the shift
Mobile: 0447 307 646

The Royal Hobart Hospital (RHH) is Tasmania's largest hospital and provides a number of statewide services including cardiothoracic surgery, neurosurgery, burns, hyperbaric and diving medicine, neonatal and paediatric intensive care and high-risk obstetrics.

RHH is also Tasmania's major teaching and research hospital and works closely with the University of Tasmania.

Many health care professions are taught within RHH; an important part of training is learning about examining and interviewing patients.

We ask for your cooperation with our teaching and research activities. Your permission is required for participation.

RHH welcomes feedback from patients and visitors to help us better understand your needs and improve care. Contact the Consumer Liaison Service on (03) 6166 8154.



Royal Hobart Hospital is a smoke-free site.

Date: April 2017 Review Date: July 2017
Pamphlet Name: Mealtime Assistance

2J Medical



Mealtime Assistance

(Trial)



Consumer Information

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7. Removal of coloured trays

- FS staff check with nursing staff before removing coloured trays



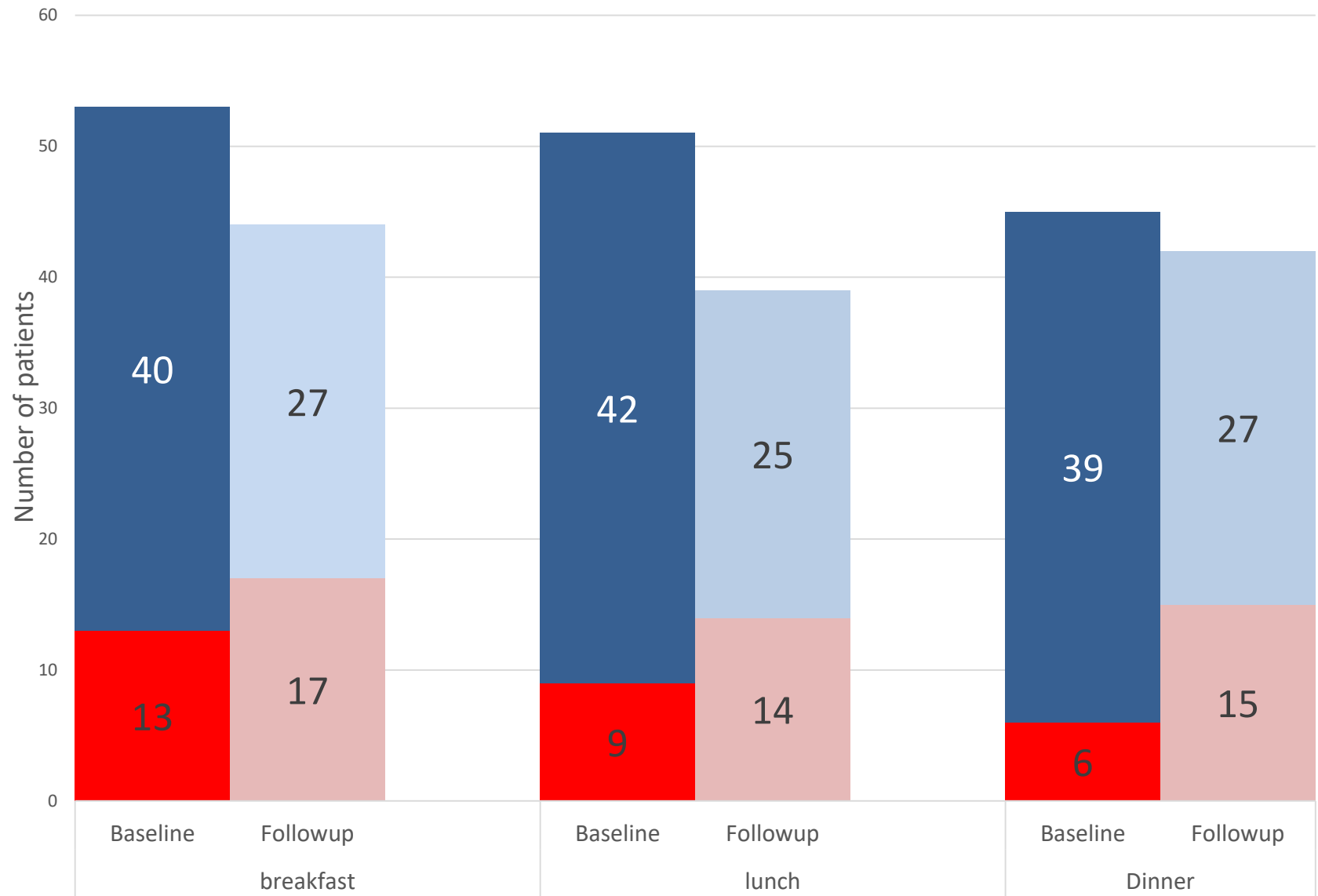
Comparative Results

Baseline and Follow-up audits

Comparison Baseline (n=149) vs Followup (n=125) Audit Data

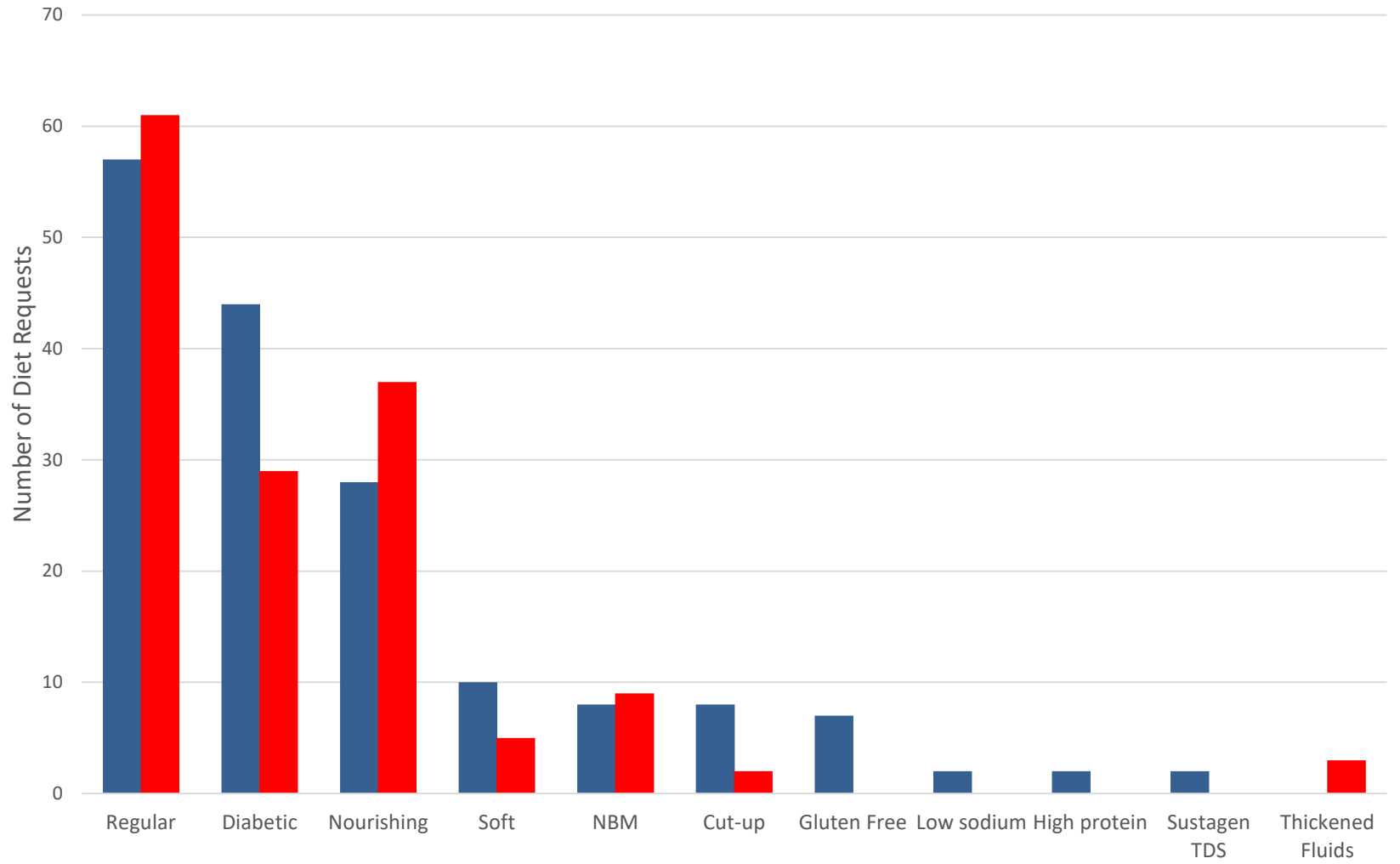
Baseline = Isolation (19%) / Non Isolation (81%)

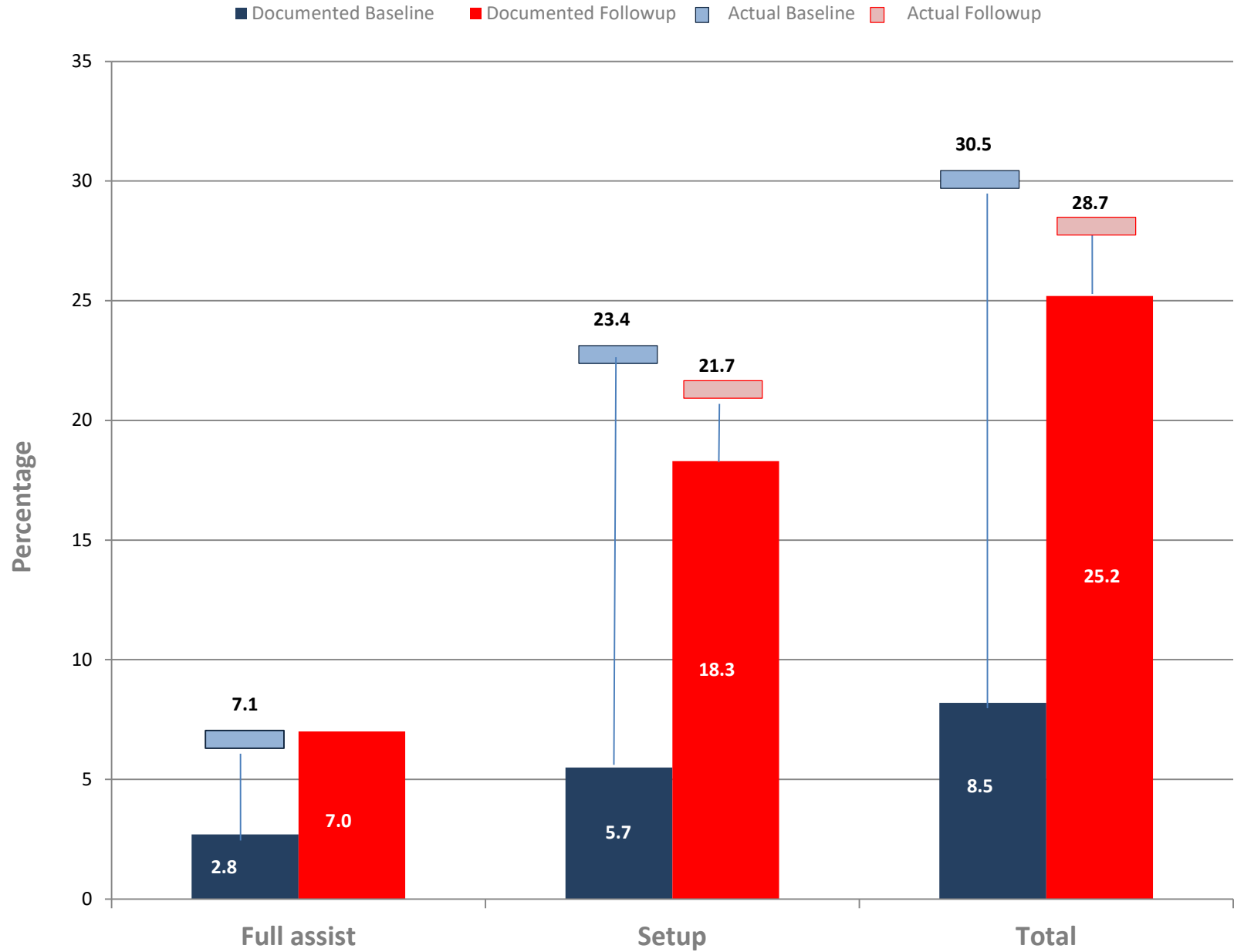
Followup = Isolation (37%) / Non Isolation (63%)



Comparison Baseline vs Followup Audit Data Dietary Requests

■ Baseline ■ Followup





Time to assistance

Baseline

Breakfast (n=19)	Lunch (n=14)	Dinner (n=14)
0	0	0
0	0	0
0	0	0
3	0	0
5	0	0
5	0	0
5	0	0
5	8	0
8	9	0
10	10	8
33	10	10
37	10	11
45	20	40
52	20	50
55		
60		
60		
60		
70		

Followup

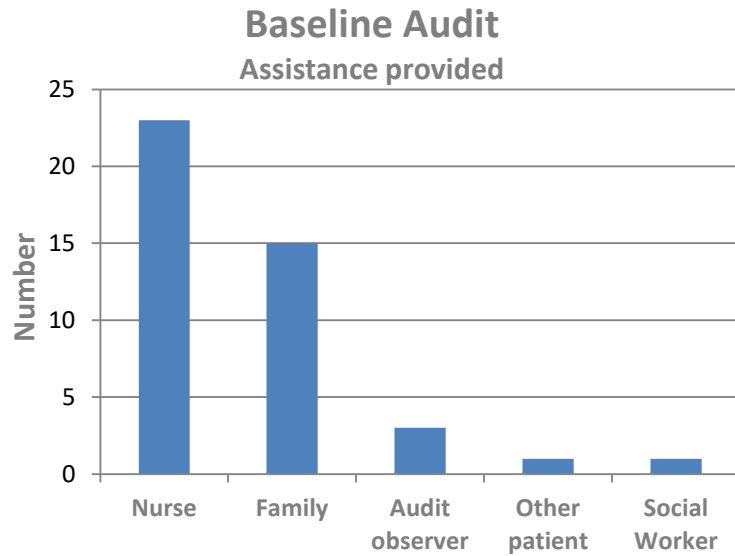
Breakfast (n=11)	Lunch (n=11)	Dinner (n=10)
0	0	0
0	0	2
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
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0	0	0



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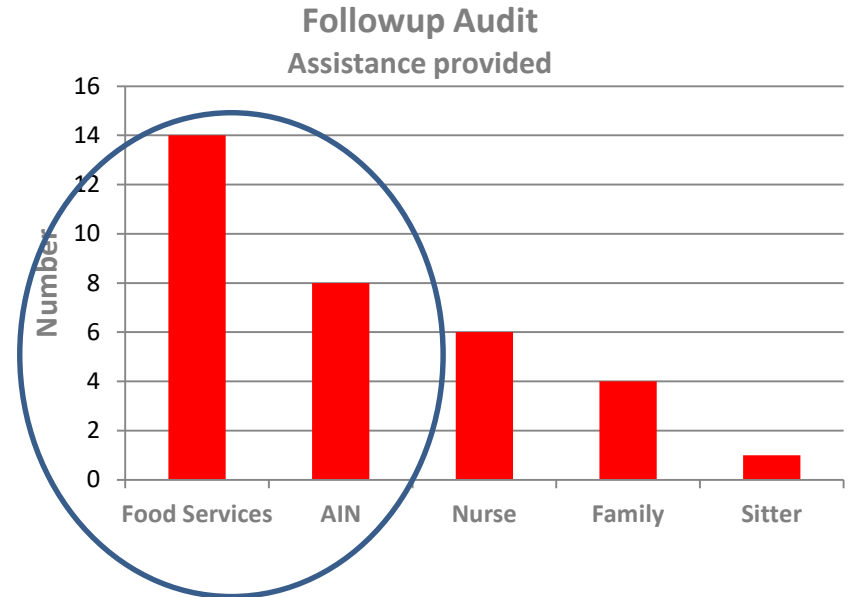
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Persons providing assistance



Average waiting time to assistance across all 6 mealtimes

13.4 mins (range 0-70 min)



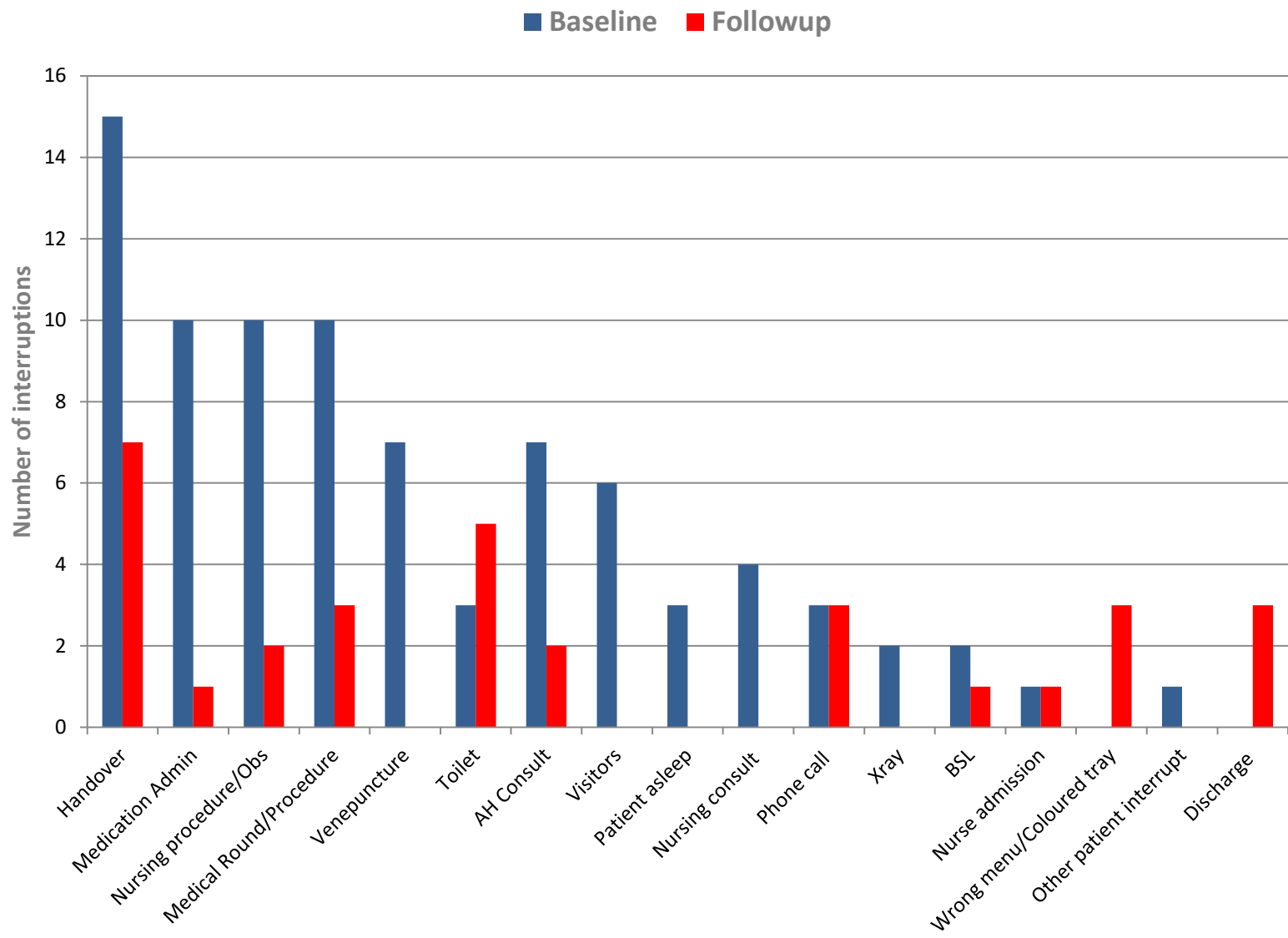
Average waiting time to assistance across all 6 mealtimes

3.6 sec (range 0-2 min)



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Staff perspectives



What nurses had to say!

We love it! We think it's a great idea! (Nurse in Charge, Evening Shift, 8 June)

Patient satisfaction

'Patients are ... enjoying getting to know the kitchen staff'

Inter-professional teamwork enhanced

'... the kitchen staff have been happier and I believe it has helped improve staff moods ward-wide'

Increased efficiency

'...loving no longer having to go to kitchen to collect undelivered / missed meals'

Coloured tray system effective

Needs consistency of trained FS staff

'...green trays – food & packaging not opened but staff normally very helpful'

Improvements to isolation rooms

Nurses would like FS staff to delivery/ collect trays from isolation rooms

'Majority of the time the isolation room trays have been picked up more frequently in a timely manner'

Set meal delivery times critical

Late meal delivery impacts on the organisation of MTA

'Breakfast arriving when trying to give handover – particularly "C" side with all the ISO rooms'

'Thank you so much kitchen people...REALLY helped get patients fed appropriately and well'

What Food Services had to say!

Inter-professional teamwork enhanced

'As I got onto the ward, all the nurses were at each room with all tables cleared and patients sitting up ready for lunch. Was a quick delivery. All ISO rooms delivered. No meals left on BPod other than the ones that had gone home'

Isolation Rooms problematic

Timely delivery and collection of meal trays to isolation rooms reliant on AIN/RN assistance

'...one problem...collection of trays... the AIN and most of the nurses are at lunch... makes getting the ISO trays 'mission impossible' and you don't have time to wait.... you end up with lots of left out trays'

Coloured tray system accuracy

FS assistance with green trays successful. Some misses with designation of colour tray – both at tray line and ward assessment level

'...a few patients on white trays that should have been on green trays'

Preparation of patients / environment essential

Adequate patient/environment preparation and meal delivery assistance by AIN/RN is a critical element for project success. Gaps result in...

'...tables not cleared down' and 'No assistance for lunch – was like normal before red/green tray' and 'All ISO room [trays] left on trolley as there was no one to help' and 'Patients sleeping at breakfast...' and 'Need more assistance with sitting [patients] up at meal time'

Menus / Diet sheets

Delivery/collection of menus (& morning/afternoon teas) from ISO rooms an ongoing and frustrating problem for FSO

Summary -1

- Overall successful patient-centred initiative
- Staff more 'food aware'
- Mealtime environment - chaos to calm
- Structured and systematic approach to meal times
- Improved preparation of patient & environment
- Improved assessment and documentation of level of MTA needed
- Strong support from key stakeholders especially medical, venepuncture service, Xray
- Improved collaboration, communication & cooperation between Nursing & FS (multi-level approach)
- Clearly defined roles & responsibilities



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Summary -2

- No negative impact on patient flow
- Coloured tray system successful – visual cue
- Delivery of meals to isolation made a priority
- Significant reduction in number of mealtime interruptions
- Increased staff satisfaction
- Mealtime assistance project replicable and sustainable



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Recommendations

- Consider broader implementation hospital-wide BUT.....
 - Executive leadership, endorsement and support essential
 - Develop hospital wide policy/protocol to support cultural change and embed MTA into the organisation
 - \$\$ Cost coloured trays
 - Requires ward level leadership to ensure effective implementation and intervention fidelity
 - Food Services need planning program to achieve expanded set time for meal deliveries and dedicated FSO staff per ward
 - Re-prioritise AIN role and adapt rosters to accommodate MTA processes
 - Engage other staff /services cooperation
 - Staff education and training program to...
 - Embed 'food' awareness culture
 - Clarify roles & responsibilities
 - Facilitate compliance with MTA systems and processes



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MEALTIME IS ME TIME PROGRAM

Assess patient

Nursing Staff

- On admission, assess level of assistance required
 - Enter this information into PFM
 - Full assistance = Red Tray
 - Set-Up assistance = Green Tray
- Monitor changes to level of assistance during admission

Patient Admission

15 min before Meal Delivery

Assist in meal delivery

- Meet Food Services Officer at ward entry
 - Assist in delivery of meals to patients
- Food Services to open packaging on Green trays
- Identify patients with Red trays for full assistance
 - Deliver trays into isolation rooms as a priority
- Communicate need for assistance to other team members if too many isolation rooms

Meal Delivery

Meal Assistance

Implement protected mealtimes

Breakfast/Lunch/Dinner – AIN ± Nursing staff

- Breakfast - turn lights on
- Lunch/Dinner - dim corridor lights
- Place sign at entry doors
- Remind in-charge nurse to announce protected mealtime and monitor non-urgent ward activities & interruptions
- Prepare patients and environment for delivery of trays
- Offer toileting and hygiene to bed bound patients

Meal Assistance

- Communicate need for assistance to other team members if too many red trays
- Assist/advise family who are helping with meals
- Monitor non urgent interruptions

15 min after Meal Delivery

- Nursing to confirm with FS that coloured trays can be removed
- Food / fluid intake to be monitored and recorded as needed

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