



Performance Measure Update

Performance Status:



Quality Issue: Baseline Mealtime Observation Audit

WHAT IS BEING MEASURED?

To identify the frequency of factors which detract from or optimize the dining experience through a baseline observational audit.

WHY IS THIS IMPORTANT?

The Canadian Malnutrition Task Force Study (CMTF) found that 45 % of patients admitted to hospital and 40 to 60% of residents in long term care are malnourished. Malnutrition is associated with increased LOS and readmission in acute care, and increased morbidity and mortality.

Factors noted in the study which affect intake include patient difficulties with eating including poor positioning, difficulty reaching, meals, cutting foods and opening packages, insufficient time to eat meals, and lack of help to eat meals. An observational audit completed at mealtimes will identify areas for improvement.

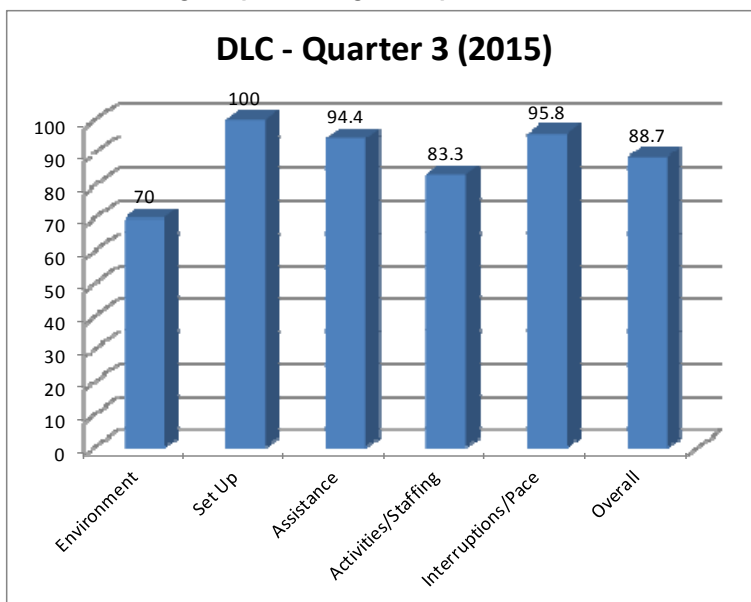
WHAT IS THE TARGET?

80% of designated sites have completed mealtime audits.

HOW ARE WE DOING?

Include number of audits

Note: higher percentage is a positive result



Interpretation:

Gaps in service in select areas noted in:

- Meal time environment
- Activities and staffing

No significant concerns noted in set up and assistance & interruptions.

Comments: Based on the opinion of the auditor through observation.

Factors contributing to low scores:

Environment:

TV usually on at a disruptive volume.

In some areas, staff called across the room to converse.

Some residents had difficulty getting in the dining room if seated on the far side.

Activities/Staffing:

Most food service attendants do not serve all table mates at the same time but do so based on resident arrival to the dining room.

Factors contributing to high scores:

WHAT ACTIONS ARE WE TAKING?

Establish mealtime standard:

- Quiet, pleasant music or no added noise
- Food service staff offer choice unless indicated otherwise.
- Activities/interactions that detract from the mealtime experience are communicated to staff and manager(s).