



Performance Status: ●

WRHA Strategic Direction: Enhance Patient Experience
Quality Issue: Improve Patient Flow

Baseline Mealtime Observation Audit (Health Sciences Centre)

WHAT IS BEING MEASURED?

The factors that can be improved to enhance patient mealtime experience and thus patient intake and nutrition status.

Percentage of patients eating 50% of their meal or less.

The mealtime factors affecting patient intake in medicine and surgery wards that results to patients consuming 50% or less of their meal.

WHY IS THIS IMPORTANT?

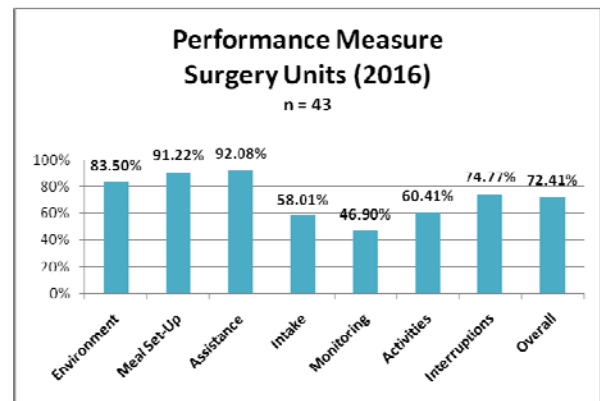
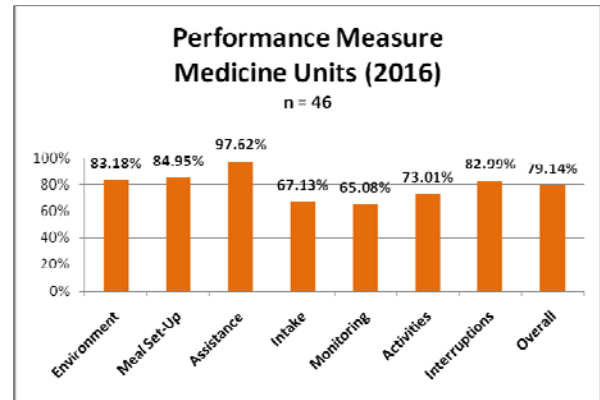
The Canadian Malnutrition Task Force (CMTF) Study found that 45% of patients admitted to Canadian hospitals are malnourished which increases length of stay and risk of re-admission, morbidity/complication rates, slower healing/recovery time, and decreased patient flow. 34.73% of patients in Canada miss their meals due to medical procedures and 41.83% are interrupted during mealtime.

WHAT IS THE TARGET?

To obtain baseline data on mealtime observation audits for 3 Medicine and 3 Surgery wards at Health Sciences Centre (HSC).

HOW ARE WE DOING?

Average for Medicine and Surgery units.
Number of audits included: 6
Note: percentages shown are positive results.



INTERPRETATION:

Factors HSC can improve on:

- Monitoring
 - How much patients ate
 - Offering alternatives if meal is not eaten
 - Encouragement if ate <50% of meal
- Environment
 - Socialization with visitors, unit staff, or fellow patients
 - Clutter on tables

- **Activities & Interruptions**
 - Encouragement/distraction by family or visitors
 - Ward activities (rounds, assessments, housekeeping) that are not urgent
- **Meal Set-Up**
 - Hand hygiene

Factors contributing to low scores:

Note: Category scores that are less than 80%

Category	Medicine %	Surgery %
Environment		
1.2 Ensure there is no clutter on tables (not meal related)	67.4	76.7
1.6 Socialization during mealtime	34.78	52.4
Meal Set-up		
2.2 Inform patients their meal is due to be served	77.3	79.1
2.3 Offer hand hygiene for patient use	42.2	86.1
Intake		
4.1 Patients that ate more than 50% of their meal	64.3	52.6
Monitoring		
4.2 Monitor patient intake	52.3	12.2
4.3 Offer alternatives for patients who did not eat	50.0	12.5
4.4 Encourage if patient ate <50%	52.9	13.3
Activities		
5.2 Stop planned/regular activities at mealtime	78.3	73.8
5.3 Family/visitor meal encouragement	50.0	12.5
Interruptions		
6.1 Allow patients to eat with little to no interruptions	79.6	69.1
6.3 Interruptions that are not urgent	80.0	72.7

Factors contributing to higher scores:

Environment: Adequate space around beds, acceptable noise level and smell, and pleasant/relaxing environment

Meal Set-Up: Ward staff aware of mealtime, assistance with positioning and meal set-up, table/trays within reach, and given appropriate cutlery

Assistance: Opened packages or cut food and to eat and drink, if needed

WHAT ACTIONS ARE WE TAKING?

Audit Process

- Conduct spot mealtime observation audits with switched staff (NFS)

Monitoring

- Implement intake assessment forms and intake records at each ward
- Educate unit assistants on procedures for patients with <50% intake and on meal provision and collection timing
- Increase unit staff awareness on ward stock information and communication with NFS

Intake

- Schedule diet technicians/clerks to gather patient preferences

Overall

- Schedule dietitian presence in units during mealtime to advocate for patients and engage unit staff
- Utilize bedside boards
 - Write MedPass, position/meal set-up/assistance, calorie counts, meal supplements, diet order (NPO, TF)
- Develop family resource(s) regarding mealtime