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Taste changes in oncology?

These extra items were **mint** to be!

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► Introduction

Taste changes are an alteration in how we perceive flavour. Many types of cancer treatments such as chemotherapy, radiotherapy and surgery can interfere or damage the function of sensory cells such as the taste buds resulting in changes in taste¹.

Taste changes can severely affect a patient's enjoyment of food causing a loss of appetite and reduced patient satisfaction². This can limit the amount of food eaten leading to malnutrition. The effects of malnutrition include unintentional weight loss, muscle wasting, impaired mobility, increased length of stay and risk of re-admission³.

Currently oncology patients at TCH have limited choice and variety to add flavours to their meals at their bedside to assist with specifically managing their taste changes in the inpatient setting. This leads to poor satisfaction with taste and flavour of the main meals being provided. Feedback received from the oncology wards shows the meals are often described as tasteless, bland, and could do with more flavour.

► Aim

- > To offer a variety of additional food choices- in the form of condiments and portion controlled (PC) extra items, for Oncology patients at their bedside to be able add to their meals, to reduce the side effects of altered changes in taste and help disguise food tastes and changes.
- > To increase oncology patient satisfaction within the two oncology wards at TCH, to $\geq 4.0/5$ in the dimensions of flavour and taste by August 2021.

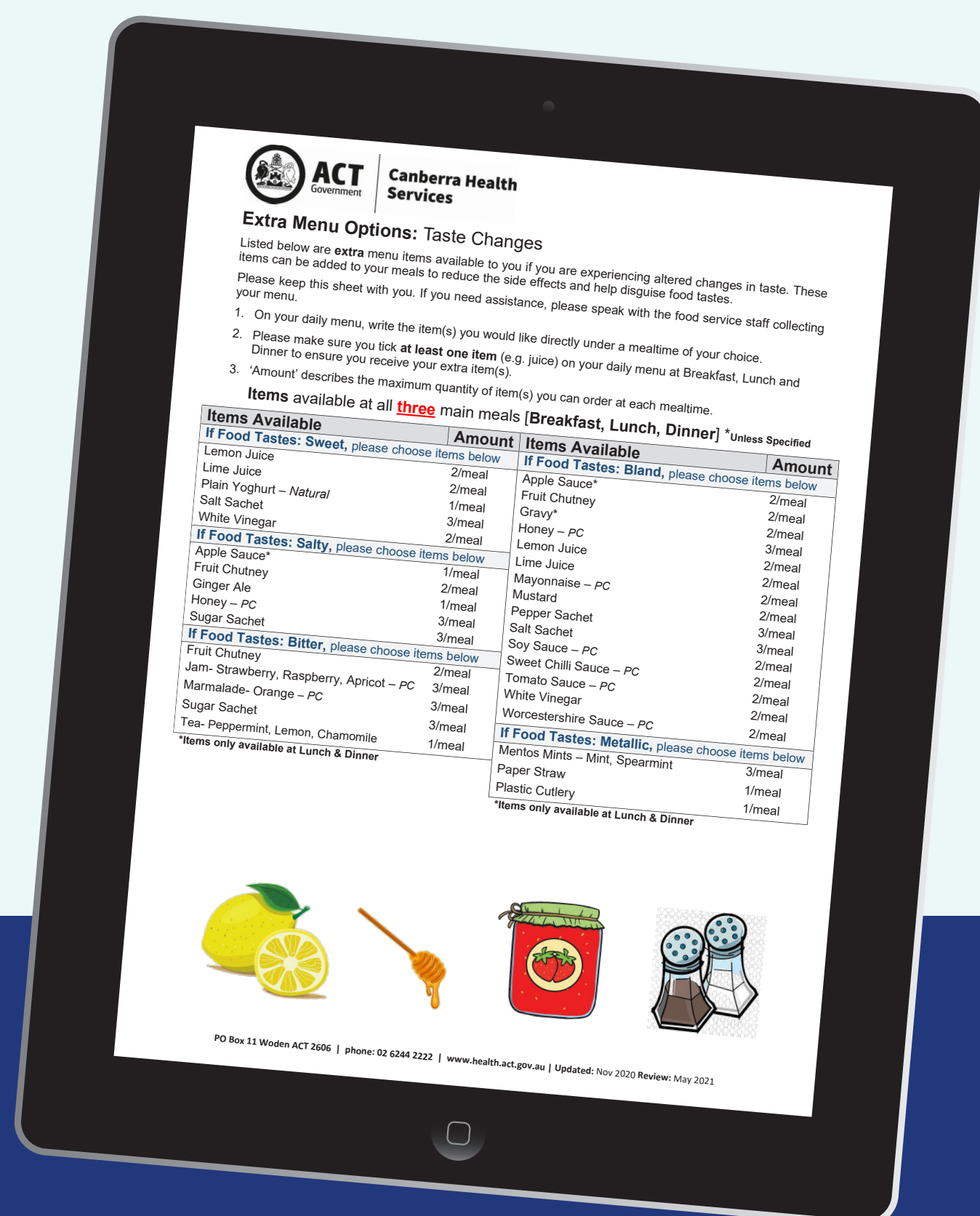
► Method

The monthly patient satisfaction survey was conducted across both Oncology wards at TCH on two occasions, asking respondents to rate the existing hospital meals on taste and flavour using a 5-point rating scale (very good to very poor). An opportunity to provide comments was also given.

A range of new and existing condiments and PC extra items were developed to assist with disguising food tastes and changes. New or alternate ingredients were sourced to ensure for increased access and variety for the oncology population; for example, lime juice, ginger ale, worcestershire sauce and mentos mints.

The new recipes were entered into the integrated food service management system MyMeal and added to extras menu lists for the oncology dietitians to provide in conjunction with written resources.

Production staff were trained in the new recipes using pictorial and stepwise recipes. The baseline survey was also repeated with this trial group.



► Results

Negative feedback pertaining to the taste and flavour of the meals in the Patient Satisfaction Surveys was identified across the oncology population. Overall satisfaction with the taste and flavour of the meals scored poorly across both oncology wards at TCH.

Figure 1: Pre-intervention patient satisfaction with the taste and flavour for oncology patients.

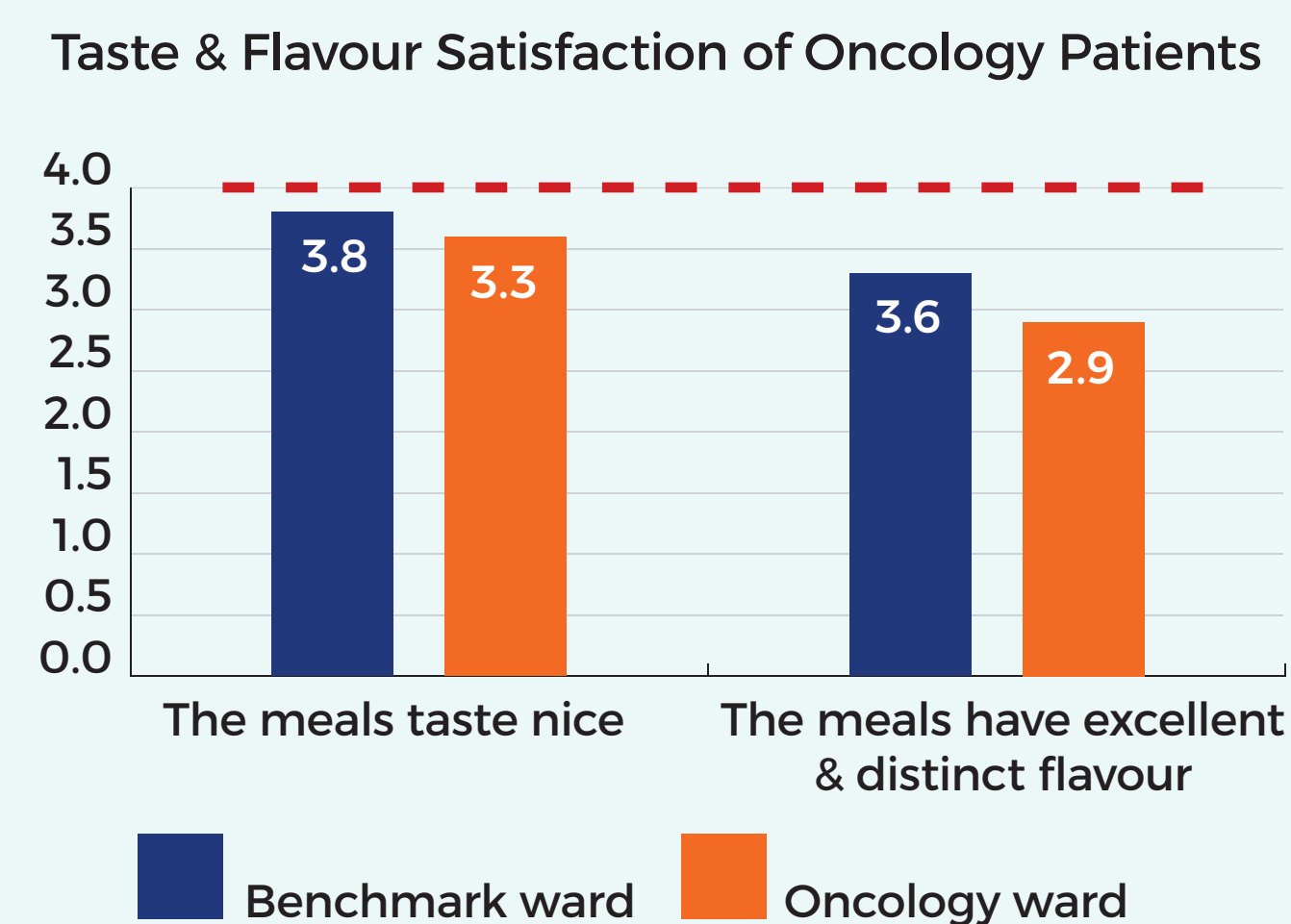
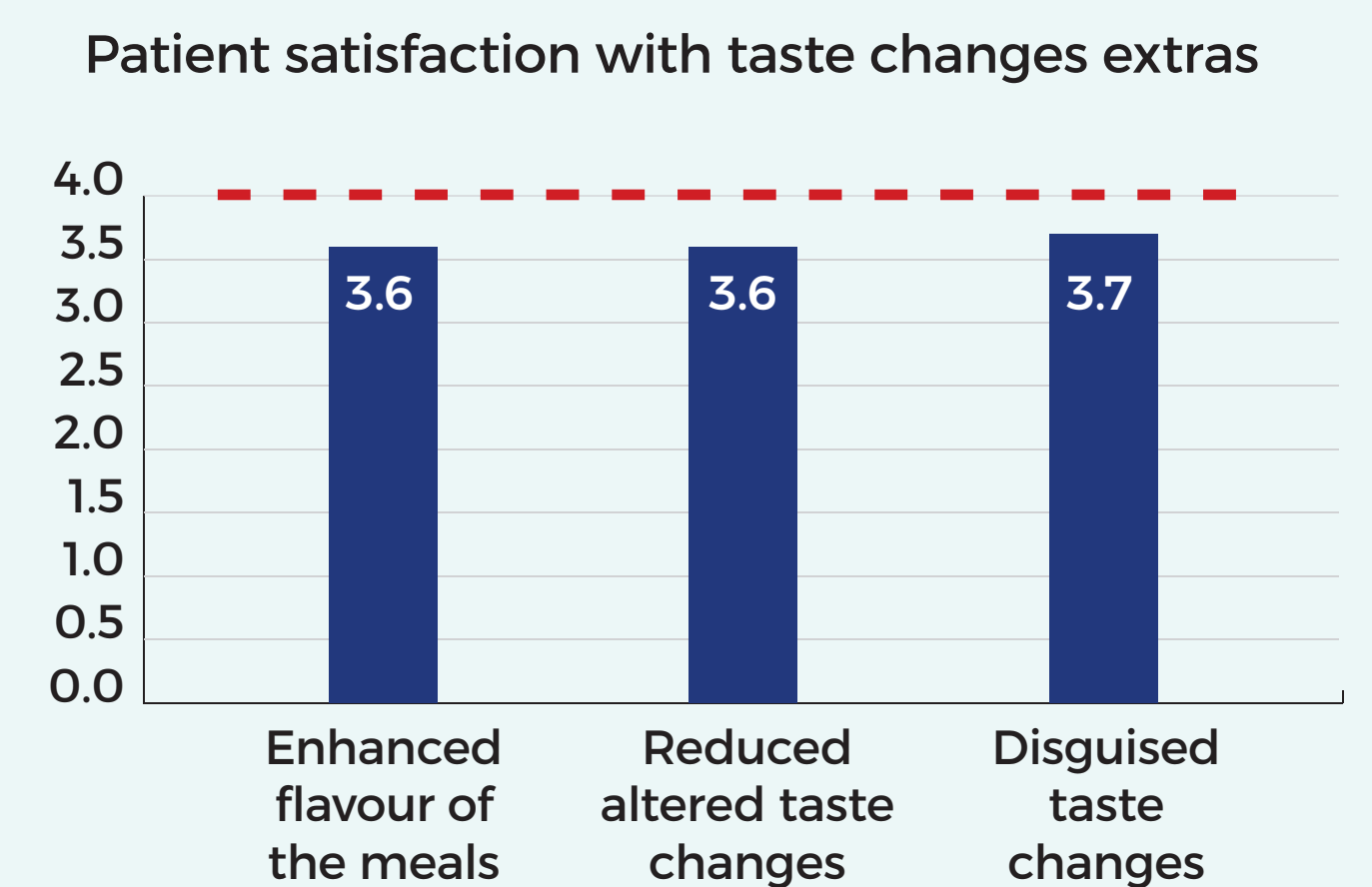


Figure 2: Patient satisfaction with the taste changes intervention for oncology patients.



It was identified across the the oncology wards a lower patient satisfaction score for the taste and flavour of the meals in comparison to the benchmarking ward.

Consumer feedback surveys were distributed to determine the effectiveness of the taste changes extras menu intervention.

Patient satisfaction scores for the taste changes intervention improved across all domains. The taste changes extras items enhanced the flavour of the meals and reduced altered taste changes to a score of 3.6. The taste changes extras items were demonstrated to be effective in disguising taste changes for this population with a score of 3.7.

Feedback for the new taste changes extras items has been positive with increased uptake of these items across both oncology wards. Although this intervention has not demonstrated an improvement in the patients altered taste changes, it demonstrates the effectiveness of improved patient experiences at meals times and assists in reducing their negative experiences with altered changes in taste at meals times in the inpatient setting.

► Sustaining the improvement

Auditing and patient feedback surveys are ongoing to continue to meet the patients needs and modifications to recipes and extras items will be updated.

► Conclusion

Increased access to additional food items and extras in the oncology inpatient setting is demonstrated to be an effective intervention for reducing and disguising altered taste changes leading to increased patient satisfaction at meals times. This intervention could be implemented across multiple clinical areas within the inpatient setting for ongoing improvements in patient satisfaction.

References

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