



# Improving the Mealtime eating environment

## at Canberra Health Services



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### Background

Adequate nutrition during an inpatient admission is an important factor in patient recovery, and the benefits of optimal nutrition while undergoing inpatient clinical care have been well documented.<sup>1</sup> Many barriers to oral intake occur in the inpatient setting, ranging from chewing or swallowing difficulties, inability to position appropriately for meals, reduced ability to self-feed, missed meals due to clinical interventions, and reduced appetite. Mealtime environment improvements are relatively simple and cost effective measures that can be implemented at multiple levels to provide benefits in optimising intake, as well as patient experience of the mealtime environment, while in hospital.<sup>2</sup> In addition, the National Safety and Quality Health Service (NSQHS) Standards recognise nutrition as a component of comprehensive care within action 5.27 and 5.28, specifically listing providing assistance to patients to ensure that their nutrition needs are met as a key task.<sup>3</sup>

A baseline audit of mealtimes was completed in February 2020 across sixteen wards of The Canberra Hospital. Of the 160 patient observations conducted, noteworthy results included tray tables being inaccessible for many patients (35%), a low proportion of patients (17%) sitting out of bed for meals, and a lack of systematic identification of patients who require assistance and thus inability to determine if patients are receiving the assistance needed with accessing their tray, positioning for a meal, opening packages, and feeding.

### Aims

To improve the mealtime environment as measured through repeat audit of the environment parameters (clean and functional environment, clear tray tables, appropriate positioning, and appropriate feeding assistance given) scoring above 80% in all domains by December 2021.

#### References

1. Tappenden, K. A. et al. Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition. *Journal of the Academy of Nutrition and Dietetics*. 2013;113(9):1219-1237. Available from: <https://doi.org/10.1016/j.jand.2013.05.015>
2. Conchin, S. & Carey, S. The expert's guide to mealtime interventions- A Delphi method survey. *Clinical Nutrition*. 2018;37:1992-2000. Available from: <https://doi.org/10.1016/j.clnu.2017.09.005>
3. The National Safety and Quality Health Service (NSQHS) Standards. Available from: <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

### Methods

A working group was formed in August 2020 between Nutrition, Food Services, Nursing, Speech Pathology and Facilities Management to address the aim above by developing a guideline on mealtime assistance, detailing:

- > Screening methods to identify patients needing assistance
- > Implementation of a coloured meal tray system across all wards to distinguish those requiring set up assistance or full feeding assistance from those who are independent
- > Roles and responsibilities of staff in supporting intake
- > Special considerations for those with malnutrition or dysphagia

The group met regularly for a period of six months to develop a collaborative and comprehensive guideline, including consumer consultation, to support an improved mealtime experience for patients.

### Results

The guideline *Identification and Management of Adult Patients Requiring Mealtime Assistance* was published in June 2021. This guideline provides Canberra Health Services (CHS) staff with information regarding the provision of assistance to patients at mealtimes, including identifying which patients require assistance, the level of assistance required, and the processes and responsibilities of differing staff in providing mealtime assistance to patients. Notably, the guideline also supports a new process of coloured trays to signify which patients require feeding assistance. Those with a green tray require moderate assistance with mealtimes, in areas such as positioning for the meal, opening of packages, cutting up food and encouragement to eat and drink. Those with a red tray require full assistance with mealtimes, in areas such as those noted for green trays in addition to also requiring direct feeding assistance.

### Conclusions

Implementation of the new guideline and associated red and green tray process for all wards of CHS is underway. Repeat mealtime audit is planned for late 2021 to assess the impact of these changes on the mealtime environment, and how this has impacted patient intake and satisfaction.

