PROTECTED PATIENT MEAL TIMES AND MEAL TABLES

Abstract

Patients' meal tables are often observed as a 'very busy' period of work. They are considered high-touch objects where health care associated pathogens are frequently presented and transmitted. Studies show pathogen colonization or infection as a primary outcome, with c-difficile most commonly assessed (Han et al. 2015). 60% of elderly patients in hospitals with poor clinical outcomes were found to be suffering from malnutrition. (Young et al. 2013)

Introduction

Studies suggest a clean and non-interrupted mealtime environment enhances a patient's nutritional intake while, conversely, a poor environment reduces patient's nutritional intake and increases the risk of pathogen colonization, thereby contributing to a poor clinical outcome. To reduce the microbial burden on a patient's surrounding environment, it's crucial to maintain the meal tables clean and clutter-free.

Background

A "Protected Mealtimes" project was previously introduced in Ward 2 (2012) and Ward 7 (2016) at Ryde Hospital. However, it was not successful due to various reasons:

1. Ongoing conflicts with the recent implementation of an EMR and new diet ordering system;
2. Patients were often interrupted or observed absent from their meal tables;
3. Used cups, utensils and urinal bottles were left on patients' meal tables. A recent review has identified a requirement for the 'protected mealtimes' initiative to be reintroduced.

Aim

1. Ensure patients have adequate nutritional intake in a clean environment
2. Minimize non-urgent clinical interruptions during patient mealtimes
3. Increasing staff awareness of their responsibilities during patient mealtimes.

IT'S ABOUT PROTECTED MEAL TIME

To provide optimal nutrition to patients and aid in their recovery

- Clean and hygienic environment.
- Sufficient time to finish meals.
- Relevant assistance and supervision at meal times.
- Minimise non-urgent interruptions.
- Encourage families and carers to participate during meal times .

Breakfast 7:30am-8:30am

Lunch 12pm-1pm

Dinner 5pm-6pm

Methods

1. Pre and post project surveys
2. Posters design and display
3. In-services and presentations

Results

Pre-project surveys show: More than half of the respondents observed frequent 'non-clinical' interruptions and nearly half did not think patients gained enough nutrition during patient mealtimes. 45% of the respondents spent 20 to 30 minutes on meal assistance to cognitively impaired or feeding-dependent patients during one shift. 74% thought it's a shared responsibility for all stakeholders to ensure a clean meal environment.

Conclusion

This project has so far seen a 100% increase in staff awareness of Protected Patient Meal Times and Meal Tables. This Project has potential benefits to the hospital and/or organization, from improving patient clinical outcomes and sustainable cultural change to teamwork. For future practice, we recommend NSLHD develop and implement brochures for patients and families/carers, and educational programs like e-learning via video and/or face-to-face classes for staff.

References

Han, JH, Sullivan, N, Leas, BF, Pegues, DA, Kaczmarek, JL & Umscheid, CA 2015, 'Cleaning hospital room surfaces to prevent health care-associated infections', *Annals of Internal Medicine,* vol. 163, no. 8, pp. 598-603.

Young AM, Mudge AM, Banks MD, Ross LJ & Daniels L 2013, 'Encouraging, assisting and time to EAT: improved nutritional intake for older medical patients receiving Protected Mealtimes and/or additional nursing feeding assistance', *Clinical Nutrition*, 32(4), pp. 543-549

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