

Autumn 2008

# matters

Keeping you in touch with news from **Addenbrooke's** and the **Rosie**



**Dame Edna  
visits  
Addenbrooke's**

**FREE  
Please  
take  
one**

**Focus:** Patient Focused Mealtimes – rhetoric or reality?

# matters: focus

## Patient focused mealtimes: rhetoric or reality?

### Introduction

There is a national move to improve the access of good food and nutrition to patients with a number of initiatives. In 2004 the Hospital Caterers Association and Royal College of Nursing launched a national initiative called 'Protected Mealtimes', The Essence of Care Benchmarks for Food and Nutrition (DoH 2001) and more recently 'Hungry to be heard' (Age Concern 2006). The Trust has undertaken a wide ranging audit of food and nutrition involving patients, and staff feedback (2007) that indicated the areas for further development. One of these areas is 'protected mealtimes' that has been explored further using an observational tool. Protected Mealtimes are periods on a hospital ward when all non-urgent clinical activity stops. During these times patients are able to eat without being interrupted and staff can offer assistance. Research shows that patients who are not interrupted and receive appropriate service and support during mealtimes are happier, more relaxed and eat more. The better nutrition a patient receives, the higher his or her chances are of recovering (NPSA).

### Method

Observations are recognised as a useful way of auditing and reviewing practice and the Trust has developed a research based guideline for undertaking them effectively. Observing closely how practice is delivered, and then learning from what you observe has always been at the heart of good practice.

This work provides a robust, systematic and auditable window into practice highlighting how staff, practices and the environment influence mealtime delivery in clinical areas. It raises the collective consciousness regarding the environment and delivery of mealtime care, and the process used develops the skills of the workforce.

20 wards were observed, 10 with a protected mealtime policy and 10 without.

20 ward areas were observed at lunch time. 19 were observed during the meal at lunch time on a week day and 1 ward was observed at lunch time on a Sunday

1 area had sandwiches at lunch time and the rest had a hot meal service

Staff were trained to undertake the observations and a protocol and standard paperwork used. Two staff undertook observations on each ward area and included, a patient representative, nurses, HCA's, dieticians and administrative staff. They undertook the observations 10 minutes prior to the meal service until the completion of service.

### Findings

There was no difference in the meal time experience between wards with protected mealtimes and those without.

### Areas for improvement

The Table shows the key areas for concern highlighted during the mealtime.

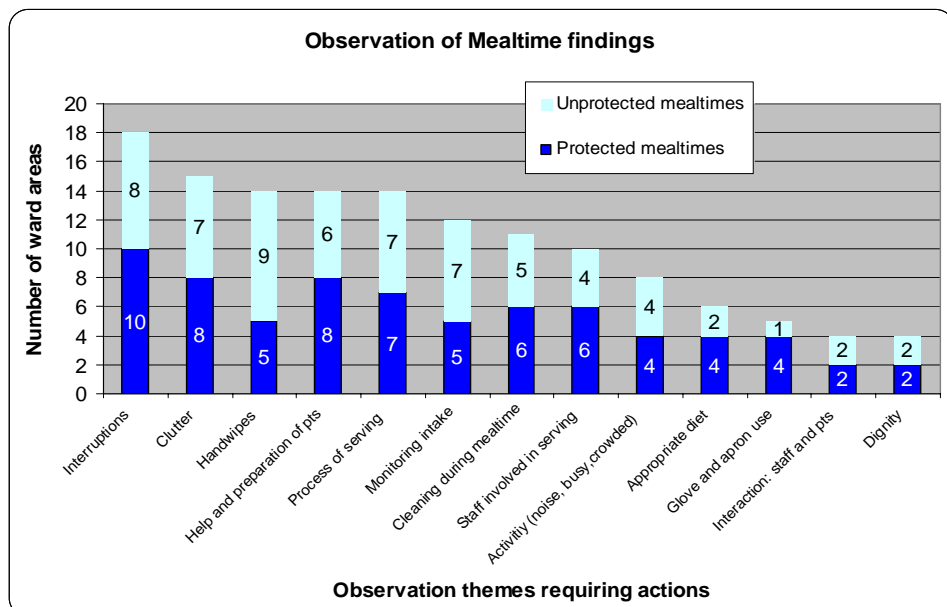


Table 1

# Actions taken

## Standards for Patient Mealtimes

- Developed by Matrons
- Launched by NPSA

## 'Nutrition November'

- Concourse stand
- Worked on wards at lunch time
- Feedback

## Specialist Eating Equipment

- purchased for all ward areas



Addenbrooke's Hospital   
Cambridge University Hospitals NHS Foundation Trust

**New!**  
Food charts  
Fluid charts  
Screening tool

*"If everyone is involved in mealtimes, it works."*

### Standards for patient mealtimes

The ward team will make food and helping patients to eat and drink a top priority during mealtimes; providing assistance and encouraging patients to eat; being aware of how much food is eaten; and identifying patients nutritionally at risk.

'Ward team' = nursing staff, health care assistants, nursing auxiliaries, Medirest staff.

#### Standards

1. **Ward staff will know the times that meals are served** on their ward.
2. **Qualified nursing staff will identify patients nutritionally at risk** using the nutrition screening tool and implement actions accordingly including administration of supplements, ordering special diets and referral to a dietician if appropriate.
3. **The nurse in charge will organise staff mealtimes** and workload to ensure the maximum number of staff are available to help assist patients at mealtimes.
4. **Patients requiring assistance with food** will be identified by the nurse in charge prior to service of meals so that staff are aware and focus on helping these patients. Nurses will provide specialist eating equipment to assist them as required.
5. **Ward teams will provide assistance before food service** for all patients to:
  - Use the toilet
  - Wash their hands before and after the meal.
6. **Patients will be made comfortable** and supported in an appropriate eating position.
7. **Tables and eating surfaces will be suitably prepared:**
  - Cleaned and cleared of clutter
  - Cutlery, placemats, condiments etc.
8. **Staff will provide assistance to help patients eat.**
9. **Patients will be offered a 'missed meal'** if they are off the ward at a mealtime.
10. **Staff will ensure completion of food charts and fluid balance charts** following the mealtime and will report all concerns to the nurse in charge.

#### Consider:

- The timing of non urgent clinical tasks to minimise disturbance of the patients mealtime.
- Encouraging OT's, Dietitians, SALT and Physiotherapists to be available during the mealtime period to assist positioning patients and undertaking assessments.
- Closing the ward to carers and visitors unless they are able to help the patient with eating, and are supported in this role.
- Signage outside the ward.

Office of the Chief Nurse. Standards for Patient Mealtimes. Final October 2007

**Volunteers**  
being trained for  
older people wards

**Nutrition Assistant**  
Roles reviewed

## Practical Nutrition Days

- Dieticians, SALT, OT, HCA, RN
- Benchmarking
- Changes in practice (Fortisip, Actimel)
- Linked in to RCN 'Nutrition Now' project

## Medirest

- Met with Supervisors
- Manager at Nutrition Day
- Met with NPSA lead

# matters: debate

## What do we need to do to improve?

Whilst campaigns, policies and toolkits are helpful in raising the profile and importance of patient focused nutrition, the ultimate challenge for organisations and practitioners lies in achieving, evaluating and sustaining improvements in practice.

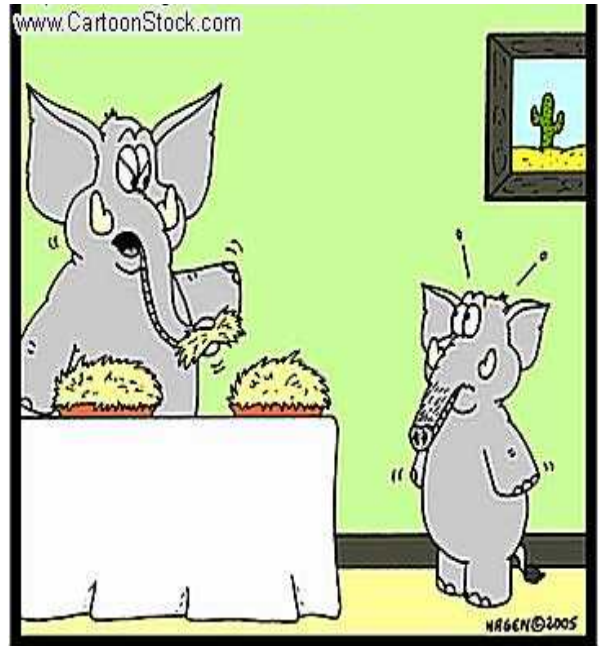
Our findings show some similarities in findings to national surveys (Age Concern, 2006), and challenges the assumption that a protected mealtime policy alone will enhance the patient experience.

Considerable work has been undertaken as a result of the findings at an organisational level and explores the ongoing work needed to address the culture at a ward level whilst continually asking the question,

**‘what do we need to do to work towards a more patient focused mealtime?’**

### Critical questions:

- How can the organisation use the information from observations to develop and sustain a culture that is patient centered?
- What opportunities do the findings provide for staff to develop their practice and in particular, a ward leaders programme?
- What role do policies have in developing practice?



Have we improved since November 2007? If you'd like to be involved in 2008 mealtime observations or have any comments, queries or suggestions about improving mealtimes please contact:

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or

[emma.cooley@addenbrookes.nhs.uk](mailto:emma.cooley@addenbrookes.nhs.uk)

## Open Day is great success



Every two years the hospital opens its doors to our local community and invites them to come and look round and talk to the staff who work here. It's great fun, hard work and everyone enjoys the day.

The event was officially opened with style by special guest Dame Edna Everage who had plenty of kind words

to say about the hospital and its staff.

The great efforts of staff who volunteered their services really paid off with fantastic feedback from visitors of all ages. "So glad to have this great hospital on our doorstep... an excellent advertisement for the NHS."