Productive Wards – Meals Module

Susan Tench - Dietitian
Background

About me:
• Working as a dietitian since Jan 2012
• Previous +20 yrs experience corporate environment
• Current job mix:
  – Food service dietitian
  – Clinical: geriatric inpatients, gastro outpatients
  – Strategic projects
  – HEN co-ordinator

About TTH:
• ~450 beds expanding to 700
• Dept of 16 dietitians
• ~60+ FS personnel
• FS and Dietetics separated last year in big organisation change
Background

Ward:
- Drive by NUM to make nutrition a focus on the ward
- GEM/ACE, 21 beds
- Dining room/bedside
- Strong working relationship between NUM and dietitian

Hospital wide:
- Nutrition steering committee adopted a watching brief
- Suitable for rollout to other wards?
- Bedside audits
  - FS and nursing staff
- Support from clinical re-design team
What is the Meals Module?

A way to support patients to eat and enjoy their meals and to optimise their nutritional status

- **IMPROVE** patient and staff experience
- **IMPROVE** patient safety
- **ADDRESS** high prevalence of malnutrition in QH
- **REDUCE** the adverse outcomes associated with malnutrition
The process

1. Prepare
   - Decide who will be involved
   - Talk to staff, patients and food service
   - Take pictures and videos

2. Assess
   - Gather data
   - Review the data
   - Build process map

3. Diagnose
   - Review the description of a good meal time

4. Plan
   - Brainstorm and identify changes
   - Prioritise what you want to change

5. Treat
   - Determine test period
   - Trial changes
   - Gather data on how it’s working

6. Evaluate
   - Understand staff feedback
   - Monitor data and incidents

Townsville Hospital and Health Service
The current state

- We needed to understand what the current issues are with mealtimes before we can implement change
  - Filmed meal round
  - Feedback from nursing staff
  - Feedback from patients
  - Meal time audits
  - Complaints
  - Primes
  - FS satisfaction
What did we find out?

• **We are good at:**
  – Completing nutritional screening
  – Weighing patients

• **We can improve:**
  – Making sure patients are set up and ready to receive their meals
  – Knowing which patients need assistance at meal times and providing it
  – Improving the mealtime environment
  – Reducing interruptions to mealtimes
Initial mapping session

- Current state
- Half of ward staff attended
- Reviewed all feedback in detail – film generated most talk
- Open and honest discussion about issues

Identified breakfast was biggest problem area and if we could address issues here would benefit other mealtimes too.
Current State Map for Breakfast Meal Time – Medical 6/7 – Dec 16th 2013

Approximately 20 minutes for Handover

07.00hr
Shift to Shift handover commences

07.15hr +/-
Breakfast trolley arrives onto ward

07.20hr
Morning staff check BGL & Obs

Interruptions:
- Patients requesting toilet
- Patient requiring hygiene cares
- Looking for obs machine

07.30hr
Staff set-up meals for patients requiring light assistance and full assistance

08.00hr
Arrival of Allied Health wanting to see patients

08.30hr – 09.00hr
Medication round still continuing

Meal trays are collected at 08.30hr

Staff state the dining room is not an option for patient breakfast for the following reasons:

- Time factor having to walk the patients to the dining room
- Better access to medications which are stored in bedside drawers
- Observations and medications need to be done
- Patient preference - don't want to go to the dining room
- Easier for staff to get patient showered before going to the dining room - otherwise dubious handing

09.00hr
Some staff commence work at 09.00hr depending on prior evening shift (Impacts on available staff in the a.m.)

V = Variance
Next sessions = the future state

- Four sessions held – facilitated by NUM or Dietitian
- How should meal times look?
  - Identify change
  - Prioritise change
  - Make change
- How do we get buy in from all staff?
- How do we make the changes sustainable?
- Output documented and circulated
Changes to date

Breakfast

• Changed the time (engagement with FS management team)
• Changed when nursing staff completed patient observations
• Nursing staff tightened up handover process

All meals

• All staff to know when meal times are:
  – Nursing staff responsibility
  – Poster on ward – easy to see
• Standard set-up process for all meals
  – 30 min prior to meals
  – Led by senior nursing staff
  – Visible on ward (nutrition wall)
  – Flyers handed out in early days
• When meal arrives:
  – De-clutter tray if needed
  – Open any packages/cut up food etc
• Placemats
• Meal time assistance:
  – Posters updated and re-communicated, boards
  – Working as a team/communication
  – Prioritising patients
How are we doing?

- Interim measurement
  - Where is the benefit gained?
  - Maintain motivation

- Video – looking good

- Audits – smaller sample size

- Still need to obtain patient and staff feedback
Average % staff available to assist with meals

Pre: 78%
Post: 90%
Average % of patients ready for their tray

Pre: 57%
Post: 85%
Average % meal wastage across all mealtimes

Pre: 35%
Post: 32%
How are we doing?

• The intangibles
  – Improved feel/mood/atmosphere
  – Calmer environment – due to clarity around expectations/what they are meant to be doing?
  – Team ethos – proactively helping each other
  – Active talk about importance of mealtimes and nutrition
Buy in and sustainability

• Nursing staff understood the reason for change, identified the changes they wanted and then led the change
• We made it easy for the change to happen
• Strong and consistent leadership – NUM & dietitian
• Strong messages from NUM:
  – about responsibilities of all staff
  – to senior nursing staff about their leadership roles
  – will be a key component of PA&D
• Dietitian seen as part of ward team
Next steps

• On hold until ward undergoes two moves

• Protected meal times
  – No interruptions
  – Will require ++ stakeholder communication and engagement
  – Evaluate where most benefit achieved
    • Time to assist v’s protected mealtimes

• Review by Nutrition Steering Committee
Audit tool

### Meals Audit Tool

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Description</th>
<th>Bed number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient weight documented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional screening tool documented</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 2</th>
<th>Description</th>
<th>Bed number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ready for tray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tray set up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient ready to receive tray</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 3</th>
<th>Description</th>
<th>Bed number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interruptions during meal time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal Time</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 4</th>
<th>Description</th>
<th>Bed number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient level of assistance required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited assistance required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extensive assistance required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 5</th>
<th>Description</th>
<th>Bed number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient outcomes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Townsville Hospital and Health Service**
Patient set up

- Toileted
- Hands/face washed
- Tray tables cleared and accessible by pt
- Patients sat up ready for meal or in dining room
- Visual inspection of room to check environment e.g. rubbish bins, smell, urine bottles...
“Please help me. I require assistance with meals”
# Results of Food Service Satisfaction Survey undertaken at The Townsville Hospital – October 2013

<table>
<thead>
<tr>
<th>Area of assessment</th>
<th>Score for Med 6</th>
<th>Score for Med 7</th>
<th>Score for all wards surveyed in TTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average of Food Quality (Q1,5,8,9,13,16,18)</td>
<td>3.86</td>
<td>4.63</td>
<td>4.22</td>
</tr>
<tr>
<td>Average of Meal Service Quality (Q7,10,14)</td>
<td>4.67</td>
<td>4.80</td>
<td>4.55</td>
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<tr>
<td>Average of Staff/Service Issues (Q3,11,15)</td>
<td>5.00</td>
<td>4.93</td>
<td>4.79</td>
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<tr>
<td>Average of Physical Environment (Q2,4,6)</td>
<td>5.00</td>
<td>4.60</td>
<td>4.56</td>
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<tr>
<td>Average of Meal Size (Q12)</td>
<td>5.00</td>
<td>5.00</td>
<td>4.00</td>
</tr>
<tr>
<td>Average of Hot Foods (Q17)</td>
<td>5.00</td>
<td>5.00</td>
<td>4.46</td>
</tr>
<tr>
<td>Average of Hunger &amp; Food Quantity (Q20,21,22)</td>
<td>4.33</td>
<td>5.00</td>
<td>4.36</td>
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<tr>
<td>Average of Overall</td>
<td>4.67</td>
<td>4.40</td>
<td>4.18</td>
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</table>
Nutrition Wall – what will it cover?

ON ADMISSION

- Weights & Waterlow
- MST (include MST posters)
  - Diet type
  - Allergies
  - Likes/dislikes
  - Supplements

MEAL TIME MUST DOs:

- Before meals
- During meals
- After meals

WARD DIETITIAN INFO
Weights & Waterlow

- Complete the weights and waterlow tool
  - Specifically designed to enable the assessment of risk of pressure ulcers

- It is a *mandatory component of patient assessment* and it is essential that it is completed on admission for every patient – regardless of weight
Nursing staff are the frontline in the identification and management of pressure ulcers and malnutrition.
Weighing patients

- Every patient should be weighed on admission. This enables identification of malnutrition.

- It also enables monitoring of patient progress and success of interventions.

- It is important to **weigh patients regularly throughout admission (weekly)** as patient nutritional status, and risk of pressure ulcers, may change throughout their stay.
The MST is part of the waterlow tool

It is essential this is completed as it identifies patients who are at risk of malnutrition, or who are already malnourished. This can occur to anyone – regardless of weight

Patients who score 2 or more on the MST must be referred to the Dietitian as these patients are at risk of malnutrition

This is a legal requirement and can offer you protection if anything adverse should happen to the patient
• On admission find out:
  – Is the patient on a special diet e.g. soft, minced, gluten free?
  – Is the patient on any supplements at home? What are they?
  – Does the patient have any allergies? If so record in chart and on HBCIS so the kitchen are aware.
  – Does the patient have any food likes/dislikes?
Meal time Must Do’s

• It’s important to ensure we provide patients with the best meal time experience possible to help support their recovery.

• Follow these simple steps with patients at mealtimes:


Meal Preparation...
- toileting needs are identified and acted on prior to meals
- ensure environment it clutter free so space for the meal tray
- identify patients who need assistance
- patients to position dentures where necessary
- patients to be safely positioned to eat and drink
  - At a dining table
  - In chair beside bed with table adjusted so pt can reach meal

Encouragement & assistance...
- open packages and/or cut up food if required
- encourage patients to eat their meals independently or provide assistance

Monitoring...
- once the meal is delivered make sure the food is within reach
- ensure patient is not disturbed and interruptions are minimised

On completion of the meal...
- patients advised/helped to wash hands and faces
- observe if patient eaten meal – if not try and find out why not?
  - Consider starting a food chart
  - Does patient require more encouragement with meals?
MEDICAL 6 - WARD DIETITIAN
Susan Tench #33686

When referring patients please provide:

- Pt name, UR and bed no.
- Current weight, any recent weight loss
- Reason for referral including MST score