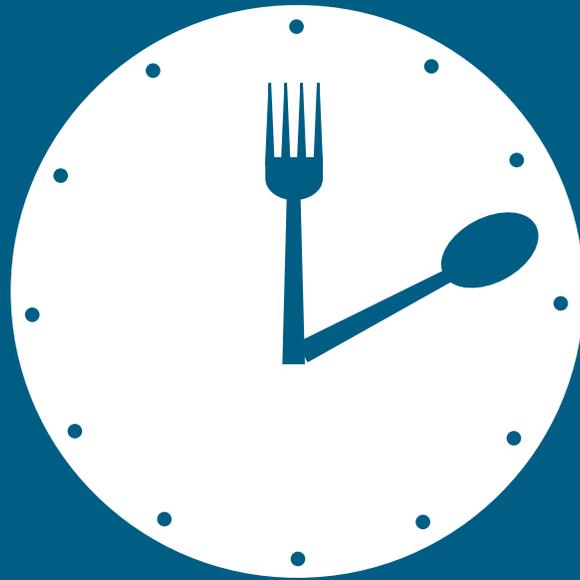


Nutrition &
Food Services



Time to Eat

Tools to support patients at mealtime

March 2018

Nutrition & Food Services

March 21, 2018

This report has been prepared by Nutrition & Food Services, Alberta Health Services.

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Executive Summary

In Alberta, nearly half of adults¹ and one third of children² admitted to hospital are malnourished. Malnutrition is linked to longer length of stay and higher risk of health complications. To compound this problem, patients often do not eat enough at mealtimes. A nation-wide study completed in 2013 found that one in three adult patients eat less than 50% of their meals¹. Mealtimes compete with many other priorities – such as procedures, imaging, and blood tests – which can compromise patient food intake. All hospital staff have a role in addressing malnutrition with patients and families.

Time to Eat is a strategy that aims to reduce barriers to eating by taking the time to help every patient enjoy their meal. When meals arrive, all staff focus on getting patients ready to eat, and assist with the meal as needed. Supporting patients to eat most of their meals can help them feel better and respond more effectively to clinician care and treatments, which benefits everyone involved.

This toolkit is meant for any health care provider who wants to lead positive change in patient mealtimes at their care setting. It can be used across the lifespan in pediatric, adult, and elder care settings. The toolkit follows an evidence-based, stepwise approach to change management that is used successfully by Strategic Clinical Networks and programs like Enhanced Recovery After Surgery (ERAS). Organized into four phases, the toolkit provides concrete and tangible steps and activities to drive team transition and ensure intended outcomes are achieved.

1. **Prepare** (page 12): steps to plan for effective change
 - Examining big picture considerations
 - Forming a core support team
 - Understanding the current situation at a care setting
2. **Engage** (page 16): how to achieve staff buy-in
 - Building awareness and a desire to change
 - Leading productive discussions with the care team
 - Establishing goals and a plan of action
3. **Implement** (page 20): how to carry out proposed changes
 - Adapting *Time to Eat* to meet the needs of a care setting
 - Trialing change on a small scale to refine the process
 - Customizing and/or developing tools to support implementation
4. **Sustain** (page 24): tips to maintain successes over the long-term.

The **Appendix** (page 27) provides tools, such as checklists, surveys and posters to support adoption of each phase.

Foreword

Meals Matter

About 1 in 2 adults Albertans and 1 in 3 children admitted to hospital are malnourished¹. Others can become malnourished while in hospital, which poses a considerable health risk, especially for children². Nutrition plays an important role in a patient's treatment and recovery, and poor nutritional status increases infection risk, delays recovery, and prolongs hospital stay. Many factors contribute to malnutrition in hospital – a key factor is not eating enough at mealtimes. Mealtimes compete with many other priorities (procedures, imaging, blood tests) which can affect patient food intake. All hospital staff have a role in addressing malnutrition with patients and families.

To promote better food intake at meals, Nutrition and Food Services is introducing *Meals Matter*, a vision to provide a patient-centered meal experience to help address malnutrition. It is aligned with *AHS' Patient First Strategy* and comprises two main strategies:

1. **Enhancing Patient Meal Experience** strives to serve up excellence in food choice, food quality and customer service.
2. The **Time to Eat** toolkit aims to reduce barriers to eating by taking the time to help every patient enjoy their meal. When meals arrive, all staff focus on getting patients ready to eat, and assist with the meal as needed. This toolkit will focus on *Time to Eat*.



Why do Meals Matter?



**1 in 2 adults¹ and
1 in 3 children²**
admitted to hospital
are **malnourished**.

Malnourished adults³ and
children⁴ **stay in
hospital 3 days longer**
than nourished patients.



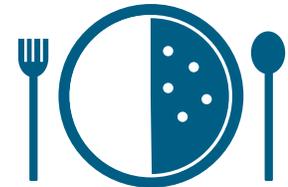
What is malnutrition?

Malnutrition is a condition that happens when people do not get enough nutrition from the food they eat. This may result from a poor appetite, or a disease that requires more nutrients than their bodies are taking in. Malnourished patients take longer to recover from illness and have a higher risk of infection.

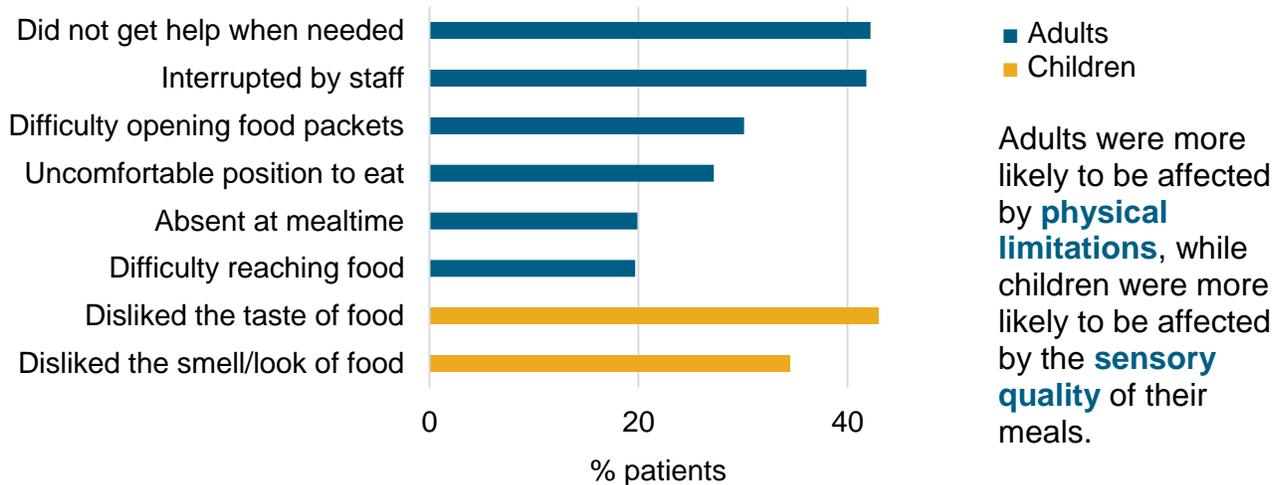


People need **more
nutrition** during
times of illness to
help them get better.

One third of adult
patients eat **less
than 50%** of the
food provided.¹



Top Barriers to Eating in Hospital^{2,5}



Introduction

Purpose of toolkit

Supporting patients to eat most of their meals can help them respond better to treatment, as good nutrition can complement the effects of therapies such as medications and physiotherapy. Bolstering clinician care and improving patient outcomes benefits everyone involved. *Time to Eat* can be used in long term care and supportive living environments, as well as both pediatric and adult care. This toolkit is a guide on how to implement *Time to Eat* in your care setting.

Who is this toolkit for?

All staff have a role in addressing malnutrition. This toolkit is meant for any health care provider who wants to be a champion to promote eating well in their care setting.

Examples include:



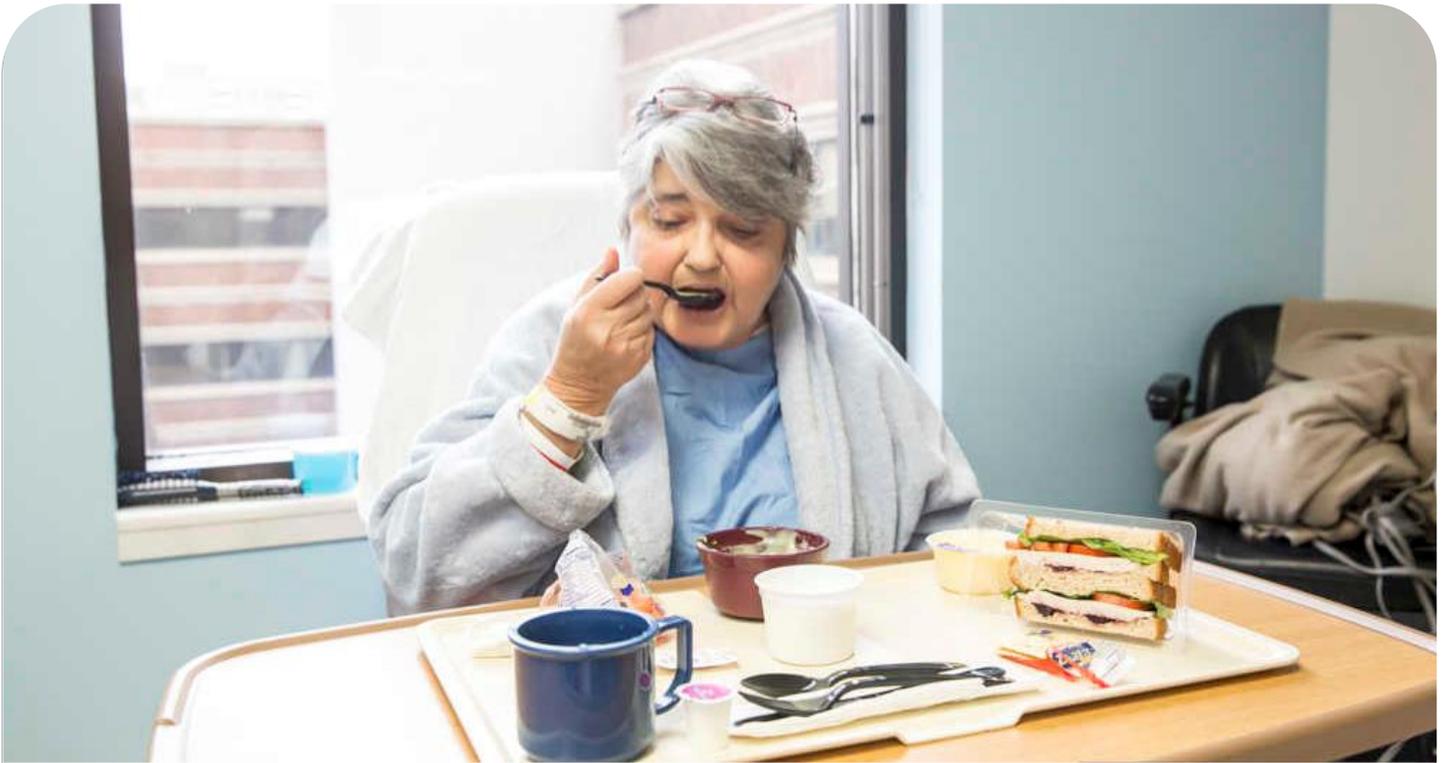
- Leaders
- Patient Care staff
- Patient Food Services staff
- Physicians
- Dietitians
- Volunteers

How to use this toolkit

This toolkit contains background information about malnutrition and the importance of good nutrition in patient care. It provides guidelines on how to bring *Time to Eat* to a hospital unit, with tools and resources to support planning, engagement, implementation and sustainment.

“Staff are more aware of mealtimes and concentrate more on helping patients with eating.”

- Feedback from *Protected Mealtimes* pilot project
(former name of *Time to Eat*)



What is *Time to Eat*?

Time to Eat aims to reduce barriers to eating by taking the time to help every patient enjoy their meal. When meals arrive, all staff focus on getting patients ready to eat, and assist with the meal as needed. At mealtimes, unit staff are encouraged to:

- Know the time that meals are to arrive on the unit
- Be ready and available to focus on mealtimes for all patients
- Ensure patients are awake and sitting upright, preferably in a chair or highchair
- Clear bedside tables to make room for meal trays
- Clean patients' hands
- Ensure patients can reach their food
- Open food packages and cut food into small pieces if needed
- Assist with eating and drinking if needed
- Support families' awareness of mealtimes to support meal assistance
- Monitor patients to identify those with poor food intake
- Minimize distractions and interruptions, such as sounds, odors, procedures, imaging, blood tests and consult visits

For more information, see tip sheet, *Tips to Get Patients Ready for Meals*, under Further Reading on **page 26**.



Time to Eat in AHS

“Eating is a basic human necessity – patients need to eat well to get better. Intake tends to improve when meals and beverages are served in a timely fashion at the right temperature.”

- Feedback from *Protected Mealtimes* pilot project

Time to Eat, formerly called *Protected Mealtimes*, was introduced as a pilot project on two units at the University of Alberta hospital in early 2017. Results from the project have informed the development of this toolkit. The success story below details real-life observations recorded from a breakfast audit two months following the adoption of *Time to Eat* on the unit.

Success story

It is 7:55 a.m. on 5G2, the Elder Friendly Care Unit at the University of Alberta Hospital in Edmonton. In the hallway, several patients are up and ready, sitting side by side in a neat row. Each patient faces a clean tray table, eagerly awaiting their morning meal.

“Breakfast is here!” announces a staff member as she spots the tray cart arriving on the unit. In response, the unit clerk rings the mealtime chime, a funky jingle that signals the start of mealtime. A couple of nurses groove to the chime as they put away their work and begin getting patients ready to eat. As part of 5G2’s mealtime routine, the

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charge nurse circulates around the unit, enthusiastically offering hand sanitizer to each patient to ensure they have clean hands before eating. “Time to wash hands everyone, rub your hands together.”

Food service staff, nurses, and nursing aides are all at the ready. As soon as patients receive their meal tray, someone is there to help them. Over the next 30 minutes, staff move from patient to patient, preparing tea and coffee, opening packages, buttering toast, and cutting up food into manageable pieces, and all the time smiling and chatting with the patients to engage them in eating well. “Today...we have a lovely array of boiled eggs!” a nurse proudly exclaims as she introduces each menu item to her audience of patients.

“This is so much food! You think I’m a lumberjack or something?” a patient jokes.

“I would like an extra sugar for my oatmeal,” another comments, and off the nurse goes to find some for him.

For patients who do not eat well and need some extra prompting, staff sit patiently with them and offer positive encouragement.



There is a sense of calm on the unit while everyone eats without non-urgent blood draws, assessments or interruptions. After meals are finished, the nurses sit and help patients mark menus, making healthy choices for their meals the following day.

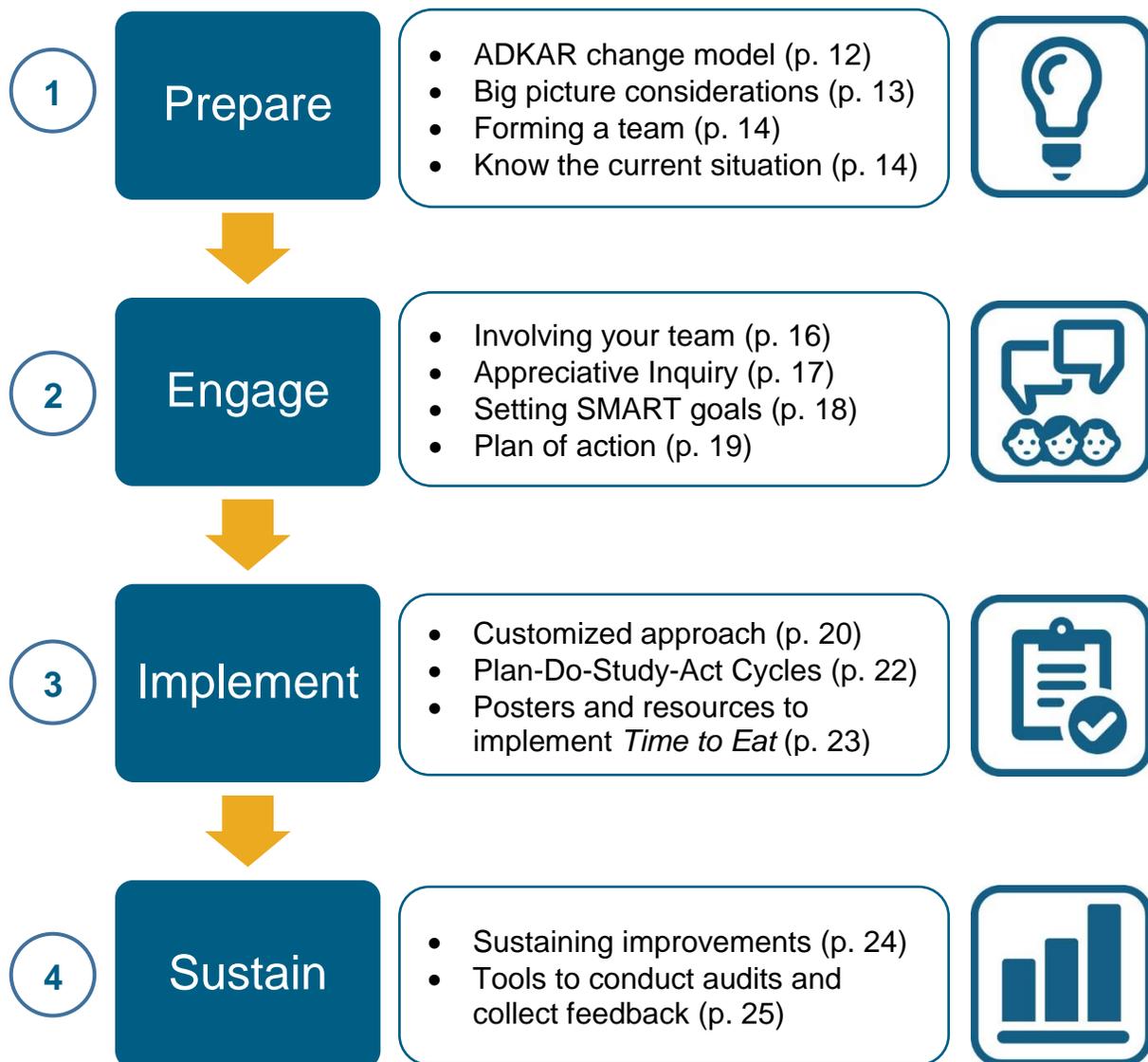
The team on 5G2 is dedicated to providing a patient-centered meal experience because they know the importance of adequate nutrition. They explain: “eating is a basic human necessity – patients need to eat well to get better. Intake tends to improve when meals and beverages are served in a timely fashion at the right temperature.” Although their actions at mealtime may seem small, these little things can significantly improve a patient’s food intake, health outcomes, rehabilitation and quality of life.

Leading by example, the staff on 5G2 are champions of care who demonstrate their compassion, dedication and strong commitment to *AHS’ Patient First Strategy*.

How to adopt *Time to Eat*

Overview

This section will equip you with the knowledge and tools needed to successfully adopt *Time to Eat* in your care setting. Organized into four phases, the toolkit follows an evidence-based, stepwise approach to change management. Each phase is an important component of facilitating effective, long-term change. See **Appendix page 28** for the *Action Plan Checklist* that summarizes the key steps in adopting *Time to Eat*.





1. Prepare

"For change to happen in any community, the initiative must come from the individual."

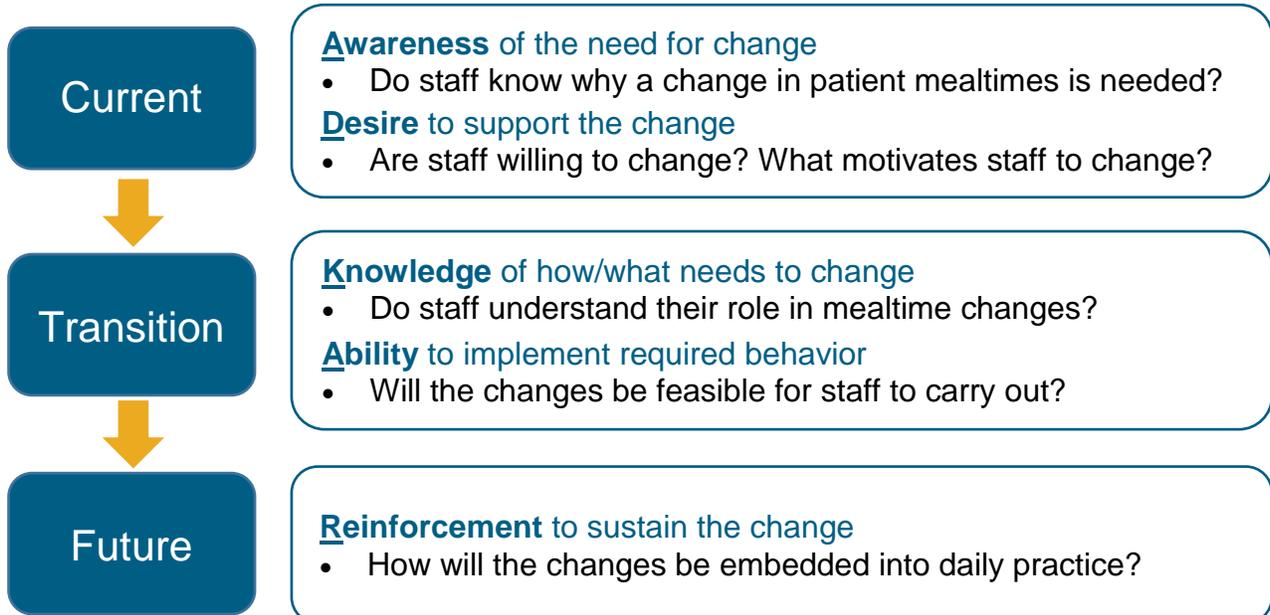
– Dalai Lama

Understanding change

Introducing *Time to Eat* on your unit means modifying some things, be it staff workflow, communication, environment, or other factors. Change at the organizational level is a complex process that begins at the individual level and requires each individual within a group to make changes. To facilitate the change process, this toolkit uses a model known as ADKAR.

What is ADKAR?

ADKAR is a model used to support change management¹. This model specifically supports communication plans with unit staff to promote acceptance of the changes being implemented.



A key belief of ADKAR is that organizational change is the outcome of cumulative individual change. ADKAR occurs in stages based on how staff experience change. For example, awareness comes before desire, as staff need to first recognize that

malnutrition is a problem in their hospital. This recognition will lead to understanding that change is needed, thus creating a desire to change.

Depending on their stage in ADKAR, different individuals will take different lengths of time to change. If there is resistance to implementation of *Time to Eat*, identifying what stage the individual staff member is at will help to determine the strategies needed to move them to the next stage of ADKAR. The *Mealtime Survey for Staff* (**Appendix, page 31**) can be used to assess staff awareness and desire for change.

The bigger picture

Consider aspects of the organizational structure that may affect staff, patients and visitors at mealtimes. Are there any factors that could be barriers to the adoption of *Time to Eat*? If so, how can they be changed? The table below lists organizational factors to consider to set up a unit conducive to fostering patient-centered mealtimes.

Organizational factor	Things to consider
Mealtime activities	What planned and unplanned activities happen during meals? Examples: staff breaks, rounds, cleaning, charting, assessments, treatments, blood draws
Unit environment	Is the unit atmosphere pleasant and conducive to eating? Examples: noises, smells, distractions, clutter, visitors, encouragement, socialization
Other departments	How will you collaborate with other departments, such as allied health, diagnostic imaging, or environmental services, to make mealtime changes? <i>Time to Eat</i> may affect the workflow of other departments, so it is important to work together to figure out a viable approach.
Meal delivery times	Do staff, patients, family members and visitors know what time meals are served?
Intake monitoring	Do staff monitor how much patients eat? What steps are taken for patients who eat poorly?
Food options	What alternative forms of nourishment are offered? Are staff aware? Examples: snacks, alterations to meals to meet patient food preferences

Core support team

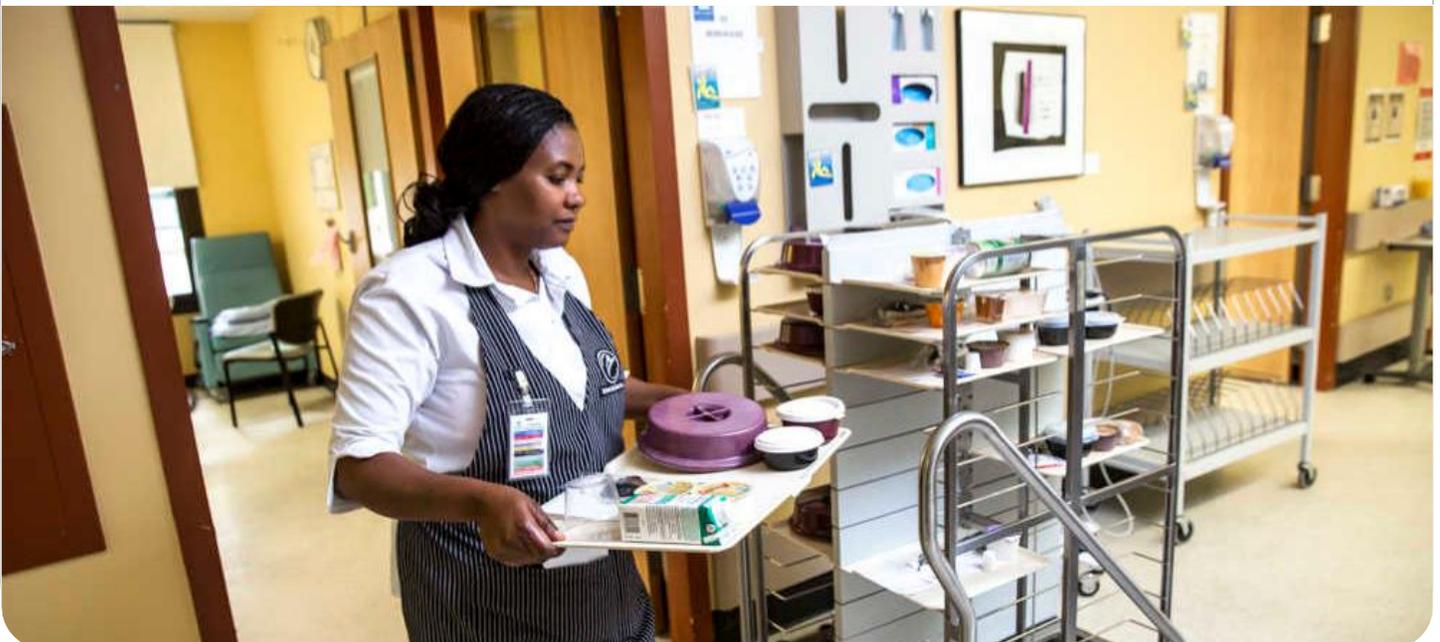
You may want to start a small core support team on your unit responsible for collaborative decision-making, and leading the implementation of *Time to Eat*. It is suggested that you have three types of expertise for this team:

- **Day-to-day leadership:** front-line staff members involved in the day to day processes that are affected by *Time to Eat*. For example, nursing staff, foodservice aide
- **Technical expertise:** subject matter expert who understands malnutrition and the *Time to Eat* project. E.g. dietitians, site champion, research associates
- **System leadership:** hospital management that can support the team with time and resources and remove barriers within the unit or hospital. E.g. unit manager



Current situation

Collecting information about the current situation (or baseline data) helps to know what works well and what does not. Having unit-specific information will help to prepare for the change. It will provide a “before” scenario, which allows you to measure change before and after implementation of *Time to Eat*. See **page 15** for a list of tools designed to help you gather baseline data.



Suggested tools to support preparation

Tool	Appendix	Purpose
Action Plan Checklist	Page 28	A summary checklist of key steps to adopt <i>Time to Eat</i> . Can be a tool to delegate work among your core support team.
Mealtime Observation Audit	Page 29	Examines barriers to eating experienced by patients. Observing three meals to results in a more complete picture.
Mealtime Survey for Patients	Page 30	Provides the patient's perspective on their mealtime experience.
Mealtime Survey for Staff	Page 31	Gains understanding of staff knowledge, attitudes and practices around malnutrition and patient mealtimes.
Data Analysis Spreadsheet	N/A	Audit and survey data can be entered into the data analysis spreadsheet . An example spreadsheet is available.



2. Engage



"If you want to build a ship do not gather men together and assign tasks. Instead teach them the longing for the wide endless sea."

– Antoine de Saint Exupery, *The Little Prince*

A team approach

We all have a role to play in addressing malnutrition. The whole healthcare team must be involved to effectively facilitate change, as each individual staff member is important in patient care and helps drive change. Therefore, staff buy-in to the initiative is crucial for successful and lasting change.

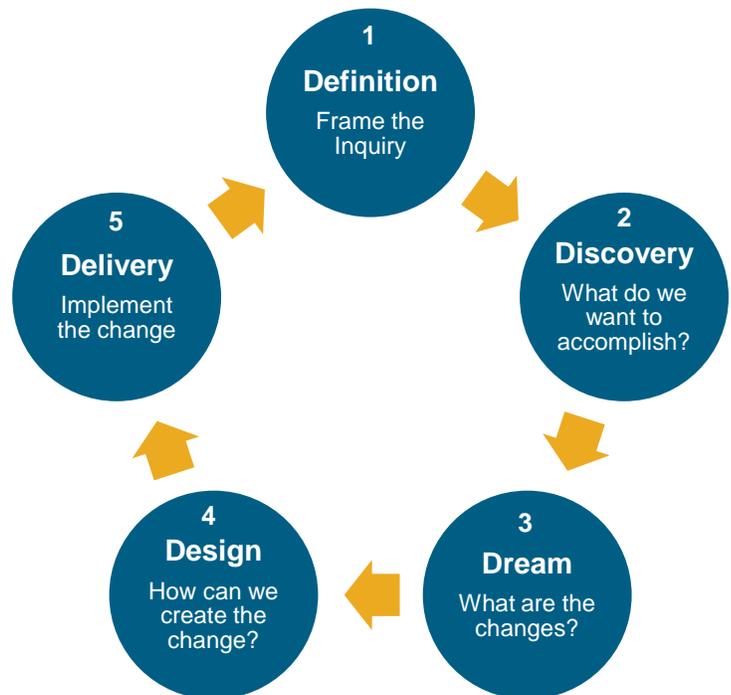
Present your findings

Results from your current situation data collection are important rationale for improving mealtimes. Unit-specific data helps make the issue directly relevant to staff, fostering their support for a change. Discuss your findings with the healthcare team and together, examine how things would need to change on the unit in order to improve mealtimes. You may choose to organize a number of staff in-services to facilitate this discussion, and provide malnutrition information to build awareness and a desire to change (**page 6** of this toolkit can be printed and used as an educational tool).

Appreciative inquiry

Appreciative Inquiry (AI) creates positive and productive discussions to determine what needs to be changed¹. Using a strength-based approach, AI makes affirmative assumptions of the issue through a **5-D cycle** to help the team identify how to do things differently.

AI starts with identifying strengths on the unit instead of weaknesses. Focusing on positive components helps the team move ahead. Refer to **Appendix page 34** for the *Mealtime Service Unit Assessment Tool* which can be used to discuss patient mealtimes with unit staff, using AI principles.



AI framework applied to improving patient mealtimes:

Element	Sample topics of inquiry
Definition	What are you trying to achieve? E.g. Improving meal assistance so that food is served at the correct temperature and patients have all that they need to eat.
Discovery	Describe a time when patients received exceptional quality mealtime care (e.g. hot food was provided on time, a nurse was available to assist with eating, the environment was suitable for mealtime, there were no interruptions to mealtime)
Dream	Imagine a system where the majority of patients receive this high quality of care and food is enjoyed and consumed, and patients leave hospital in a better nourished state. What is different in this system? What does this look like on a daily basis?
Design	Design a plan to achieve an ideal mealtime system.
Delivery	Implement the plan you have developed.

Establish goals

With your team, identify your unit’s strengths and areas for improving mealtimes. Ask staff for ideas to implement change and overcome barriers. Decide on priorities that need the most attention and set SMART goals to reach your main targets.



What is a SMART goal?

Specific – Clearly state what you are going to do. Try to answer the questions who, what, when, where and how.

Measurable – Your goal should answer questions like how much and how many. This will help you measure your progress toward your goal.

Attainable – Choose a goal you can achieve. Start with small changes. You can always change your goal later to make it more extensive.

Rewarding – The goal should make you feel good when you achieve it. If you think your goal is worthwhile then you will be more likely to succeed.

Timely – Give yourself a time frame to reach your goals.

Example of a SMART Goal: To help more patients sit upright at mealtimes.

Specific	<ul style="list-style-type: none"> At every mealtime, once meals arrive on the unit, all staff will stop non-urgent duties to help patients sit upright.
Measurable	<ul style="list-style-type: none"> Aim to achieve a 30% increase in the number of patients sitting upright during mealtimes. Monthly audits will be conducted to assess the number of patients sitting upright at mealtimes.
Attainable	<ul style="list-style-type: none"> A 30% increase is achievable, considering the minimal workload impact on staff.
Rewarding	<ul style="list-style-type: none"> Helping patients sit upright at mealtimes can improve their eating experience and food intake, which supports their overall health.
Timely	<ul style="list-style-type: none"> Timeframe to reach goal: 3 months

Plan of action

After your team has outlined goals for your unit, collaborate to develop a plan of action. Remember to consider practical aspects of the hospital setting that may be barriers or facilitators to change, and examine ways to mitigate potential barriers.

- Outline the role of each staff member during *Time to Eat*. Ensure that their responsibility is feasible for them to carry out.
- Consider scheduling arrangements, such as the timing of rounds and breaks, and negotiate how to fit activities around mealtimes.
- Discuss changes with other departments, such as cleaning services or diagnostic imaging, and how their interaction with the unit can complement *Time to Eat*.
- Determine environmental changes that can be made to support patient-centered mealtimes, such as a congregate dining area.

Suggested tools to support staff engagement

Tool	Appendix	Purpose
In-service Agenda and Attendance	Page 32, 33	Suggested meeting outline to facilitate discussion with staff on how to improve patient mealtimes.
Mealtime Service Unit Assessment	Page 34	<ol style="list-style-type: none"> 1. To engage the healthcare team in discussing the current patient meal experience on their unit. 2. To identify strengths and areas of improvement based on findings from baseline data collection. 3. To guide the development of an action plan to enhance mealtimes.
Share Your Ideas Poster	Page 35	To solicit ideas from front-line staff on how to improve mealtimes on their unit.
SMART Goal Worksheet	Page 36	Template for planning a SMART goal.



3. Implement



“Change cannot be put on people. The best way to instill change is to do it with them. Create it with them.”

– Lisa Bodell

Time to Eat on your unit

This section describes tools and resources that can be used for implementation. *Time to Eat* is about collaborating with your team to identify priorities specific to your unit, and working together to find a custom-tailored solution. It is important to note that *Time to Eat* is more than putting up posters on a unit, and it is not a cut and paste program that can be exactly replicated between units.

Case study: a customized approach

To inform the development of this toolkit, *Time to Eat* was implemented as a pilot project on two units at the University of Alberta Hospital. The pilot was a good example of how the same project ended up looking quite different between two units, due to differences in patients, staff, and available resources.

Unit 1: Elderly Care

On this elderly care unit, most patients required meal assistance, so it was imperative that all staff focused on helping patients during mealtimes. The team installed a “mealtime chime” that notified staff to stop non-urgent tasks and begin meal assistance once the food was delivered. This idea was brought forward by staff during an in-service, and they enjoyed taking turns ringing the chime whenever meals arrived. In addition, the unit was located beside an empty lobby, which was transformed into a congregate dining area to allow patients to socialize with each other while eating.

Unit 2: Gastroenterology (GI)

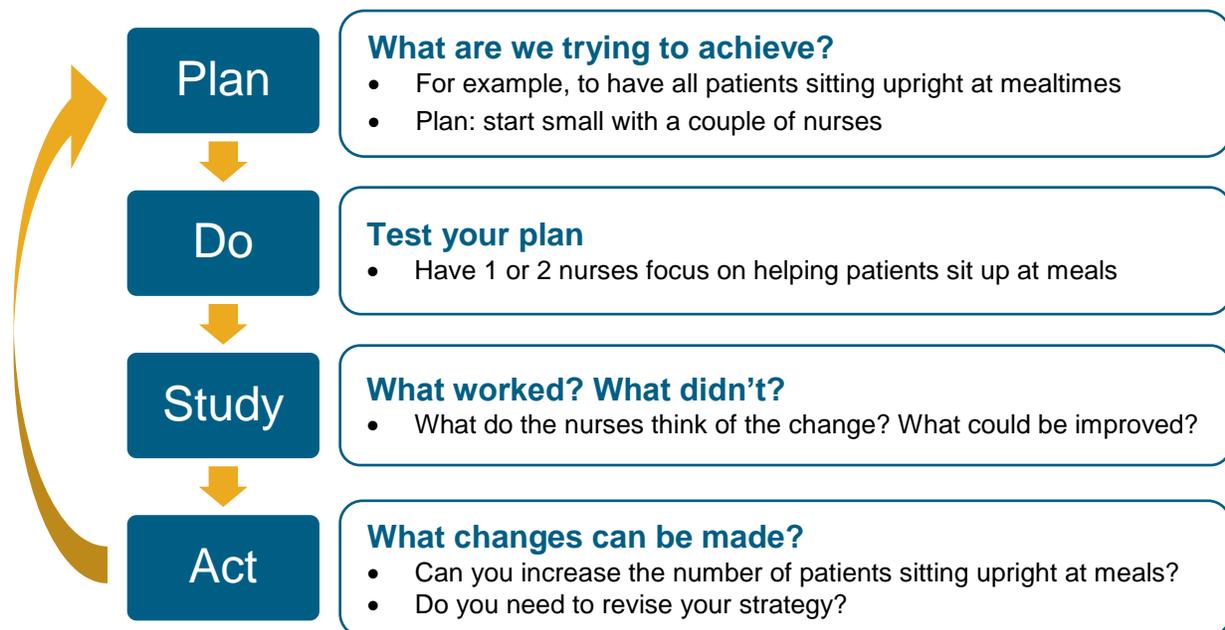
The GI unit was made up of patients of a younger demographic, so there was less priority on meal assistance, and more emphasis on ways to support good nutrition. One of the key concerns was confusion among staff, patients and visitors about which foods were allowed on Clear Fluid and Full Fluid diets. In response, posters and pocket cards of diet guidelines were developed to provide clear information on diet orders and available to everyone on the unit.



This toolkit aims to address common themes observed during hospital mealtimes; however, your unit may have identified issues that are not covered in this toolkit, so you may find that you have to develop your own tools to meet the unique needs of your unit.

Plan, Do, Study, Act

The change process can be initiated with *Plan-Do-Study-Act* cycles, a method to try change on a small scale¹. It is an opportunity to gather feedback from those involved, and refine the process for more success.



The 'Do and Study' portions of the PDSA cycle are the testing, which allows the unit to attempt changes for a small group and determine how best to implement components of *Time to Eat* before introducing the process to all patients. Testing allows for trial and error, with some strategies failing, but providing information to support the next test.

A site will move into the implementation phase when testing has been sufficient to provide confidence that full implementation will be successful. Several PDSA cycles will likely occur before wide-scale implementation is undertaken.

Suggested tools to support implementation

Tool	Appendix	Purpose/Suggested Use
Meal Assist Tags	Page 37	To flag patients who require assistance at mealtimes. Can be posted by the patient's room number.
Information Poster	Page 38	To explain <i>Time to Eat</i> and its purpose, and build awareness for malnutrition. Can be posted in hallway, charting room, etc.
Meal Delivery Times Poster	Page 39	To inform staff, patients, family members and visitors of when meals arrive on the unit. Can be posted at unit entrance, in hallway, beside clocks, etc.
Action Poster	Page 40	To serve as a reminder of action items to do at mealtimes. Can be posted in hallway, charting room, patient rooms, etc.
There are additional posters and handouts under Further Reading on page 26 .		



4. Sustain



“For changes to be of any true value, they've got to be lasting and consistent.”

– Tony Robbins

Keep it going

After you have made change happen, the next step is to sustain mealtime improvements that have been made. You may notice a drop in persistence with the new activities, but this is normal—try not to lose focus. Below are tips to keep the momentum going.

- **Embed changes into routine:**
 - Changes must be feasible over the long term to become a habit
 - Standardize the new processes
 - Engage new staff by ensuring orientation packages and training checklists align with *Time to Eat*
- **Use data to re-engage staff:**
 - Conduct regular audits and provide feedback and encouragement to the team
 - Compare data to baseline findings to evaluate progress

Nutrition & Food Services

- Acknowledge efforts and celebrate successes
- **Provide reminders** and refresher sessions about malnutrition to reinforce the importance of mealtimes in patient care

Suggested tools to support sustainability

Tool	Appendix	Purpose
Staff Feedback Survey	Page 41	To gather staff feedback on <i>Time to Eat</i> to guide refinement of the initiative.
Mealtime Observation Audit	Page 29	Examines barriers to eating experienced by patients. Observing three meals to results in a more complete picture.
Mealtime Survey for Patients	Page 30	Provides the patient's perspective on their mealtime experience.
Mealtime Survey for Staff	Page 31	Gains understanding of staff knowledge, attitudes and practices around malnutrition and patient mealtimes.
Data Analysis Spreadsheet	N/A	Audit and survey data can be entered into the data analysis spreadsheet . An example spreadsheet is available.

Further Reading

AHS Projects

Study Summary: [Collaborating to make meals matter using protected mealtimes strategies](#)

Study Summary: [Pediatric barriers to oral intake in hospital: are they different than adults?](#)

Posters and Handouts

Poster: [Food is medicine](#)

Fact Sheet: [Malnutrition in AHS](#)

Tip Sheet: [Tips to promote eating well in hospital](#)

Tip Sheet: [Tips to help children eat well in hospital](#)

Tip Sheet: [Tips to get patients ready for meals](#)

Tip Sheet: [Bringing food to family](#)

Poster: [Eating well in hospital](#)

Research

Allard et al. Malnutrition at Hospital Admission – Contributors and Effect on Length of Stay: A Prospective Cohort Study from the Canadian Malnutrition Task Force. *J Parenter Enteral Nutr.* 2016 May;40(4):487-97.

Chan and Carpenter. An Evaluation of a Pilot Protected Mealtime Program in a Canadian Hospital. *Can J Diet Pract Res.* 2015 Jun;76(2):81-5.

Curtis et al. Costs of hospital malnutrition. *Clin Nutr.* 2017 Oct;36(5):1391-1396.

Keller et al. Barriers to food intake in acute care hospitals: a report of the Canadian Malnutrition Task Force. *J Hum Nutr Diet.* 2015 Apr;28(6):546-557.

Tassone et al. Should we implement mealtime assistance in the hospital setting? A systematic literature review with meta-analyses. *J Clin Nurs.* 2015 Oct;24(19-20):2710-21.

APPENDIX

Tools and Resources

Action Plan Checklist

This table is a summary checklist of key steps involved in the adoption of *Time to Eat*. It can be used as a meeting tool to delegate work among your core support team.

Date: _____ Unit: _____

Team members: _____

Phase	ADKAR	Recommended Steps	Tools
Prepare	Awareness	<input type="checkbox"/> Examine big picture factors affecting mealtimes <input type="checkbox"/> Understand current patient meal experience <input type="checkbox"/> Assess staff knowledge, attitudes, practices <input type="checkbox"/> Prepare report of baseline data to share with team	<input type="checkbox"/> Mealtime Observation Audit <input type="checkbox"/> Mealtime Staff Survey <input type="checkbox"/> Mealtime Patient Survey <input type="checkbox"/> Data analysis spreadsheet
		Engage	<input type="checkbox"/> Organize in-services with unit staff <ul style="list-style-type: none"> <input type="checkbox"/> Present baseline findings to team <input type="checkbox"/> Provide education about malnutrition <input type="checkbox"/> Facilitate discussion using Appreciate Inquiry <input type="checkbox"/> Solicit ideas from staff to improve mealtimes <input type="checkbox"/> Identify priorities and set SMART goals <input type="checkbox"/> Discuss practicalities with stakeholders
Implement	Knowledge		<input type="checkbox"/> Outline the role of each staff member <input type="checkbox"/> Consider scheduling arrangements <input type="checkbox"/> Discuss changes with external departments <input type="checkbox"/> Determine environmental changes needed
	Ability	<input type="checkbox"/> Understand unique needs of your staff and patients <ul style="list-style-type: none"> <input type="checkbox"/> Tailor <i>Time to Eat</i> to your unit <input type="checkbox"/> Select resources and signage to post on unit <ul style="list-style-type: none"> <input type="checkbox"/> Create resources if needed <input type="checkbox"/> Trial change on small scale with Plan-Do-Study-Act <ul style="list-style-type: none"> <input type="checkbox"/> Collect feedback from those involved <input type="checkbox"/> Refine new practice to meet needs of unit <input type="checkbox"/> Implement unit-wide change after tweaks are made	<input type="checkbox"/> Meal assist tags <input type="checkbox"/> Information poster <input type="checkbox"/> Meal delivery times poster <input type="checkbox"/> Action poster
Sustain	Reinforcement	<input type="checkbox"/> Obtain staff feedback on <i>Time to Eat</i> <input type="checkbox"/> Conduct regular audits <ul style="list-style-type: none"> <input type="checkbox"/> Provide feedback to the team <input type="checkbox"/> Embed changes into routine <ul style="list-style-type: none"> <input type="checkbox"/> Standardize the new processes <input type="checkbox"/> Include <i>Time to Eat</i> in new staff training <input type="checkbox"/> Acknowledge efforts and celebrate successes <input type="checkbox"/> Provide reminders	<input type="checkbox"/> Staff feedback survey <input type="checkbox"/> Mealtime Observation Audit <input type="checkbox"/> Mealtime Patient Survey <input type="checkbox"/> Data analysis spreadsheet

Mealtime Observation Audit

Using one form per patient, record barriers you see at mealtime as you circulate the unit. The number of “N”s equals the number of barriers. If a patient has one or more barriers, they are considered not ready for that meal. Some items may require verbal clarification with the patient, such as interruptions by staff.

Date: _____

Room number: _____

Unit: _____

Meal: Breakfast / Lunch / Supper

Barriers to observe for all patients							
	Patient is awake	Y	N		Patient is present at mealtime	Y	N
	Tray table is clear	Y	N		Enough lighting to eat	Y	N
	Patient is sitting upright	Y	N		Patient not distracted by noises or smells	Y	N
	Patient's hands are washed	Y	N		Meal is not interrupted by staff	Y	N
	Food is within reach	Y	N	Other:		Y	N
For patients needing meal assistance							
	Received help to open food packages	Y	N	<input type="checkbox"/> Patient did not need help			
	Received help to cut food into small pieces	Y	N	<input type="checkbox"/> Patient did not need help			
	Received help with eating and drinking	Y	N	<input type="checkbox"/> Patient did not need help			
Total number of “N”s:				Ready for meal?*		Yes	No
Comments:							

*Interpretation:

- 0 “N”s = patient is ready for meal, ≥ 1 “N”s = patient is not ready for meal

Mealtime Survey for Patients

Please fill out this form when you are done eating. Your ideas can help us improve mealtimes.

Room number: _____

Meal: Breakfast / Lunch / Supper

How would you rate the following?		Very good	Good	OK	Poor	Don't know or didn't need help
	My eating area was neat and clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I was in a comfortable position to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I was able to eat once my food was served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I was not interrupted by staff while eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I received help to set up my meal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I received help to eat and drink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment:

1. What was good about your meal?
2. Were your needs met at mealtime? If not, please explain.
3. How can mealtimes be better?

Mealtime Survey for Staff

Thank you for taking the time to complete this survey. It should only take a few minutes.

Unit: _____

Discipline: _____

Please rate your agreement:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Nutrition is important for patient recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All unit staff can help set up the meal tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malnutrition is a high priority on this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an important role in promoting food intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interruptions can negatively affect food intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting food intake is every staff's job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know strategies to support food intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need more training to better support the nutrition needs of my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you do the following?	Always	Often	Sometimes	Never	N/A
Check the patient has all that they need to eat (e.g. dentures, glasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help a patient open food packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help a patient cut food into smaller pieces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist a patient to eat if they need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check how patients are eating during meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjust my tasks so I do not interrupt a patient during their meal time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any comments about mealtimes on your unit?					

Thank you for taking part in our survey.

In-service Agenda

Date _____

Time _____

Location _____

Chair _____

Recorder _____

Agenda Item	Notes	Presenter
1. Welcome and Introductions		Chair
2. Build awareness and knowledge of a need to change	<ul style="list-style-type: none"> • Share report of your baseline data collection about barriers to eating on the unit during mealtimes • Share resources about malnutrition <ul style="list-style-type: none"> ○ Malnutrition in AHS (page 26 of <i>Time to Eat</i> Toolkit) ○ Food is Medicine (page 26 of <i>Time to Eat</i> Toolkit) ○ Why do <i>Meals Matter?</i> (page 6 of <i>Time to Eat</i> Toolkit) 	Chair
3. Identify strengths and areas for improvement	<ul style="list-style-type: none"> • Facilitate discussion of current state of mealtimes using Appreciate Inquiry <ul style="list-style-type: none"> ○ Mealtime Service Unit Assessment (page 34 of <i>Time to Eat</i> Toolkit) • Solicit ideas from staff on how to improve mealtimes <ul style="list-style-type: none"> ○ Share your ideas poster (page 35 of <i>Time to Eat</i> Toolkit) 	All
4. Adjournment	Meeting was adjourned at _____	Chair

Mealtime Service Unit Assessment

Purpose:

1. To engage **the healthcare team** in discussing the current patient meal experience on their unit.
2. To identify strengths and areas of improvement based on findings from baseline data collection.
3. To guide the development of an action plan to enhance mealtimes.

With your team, rate the following aspects of mealtimes for patients on a scale of 1 to 10 (10 being the best practice).

	Patients are awake 1 2 3 4 5 6 7 8 9 10		Patients are present at mealtime 1 2 3 4 5 6 7 8 9 10
	Tables are cleared for meal trays 1 2 3 4 5 6 7 8 9 10		Enough lighting is provided 1 2 3 4 5 6 7 8 9 10
	Patients are in a comfortable, upright position 1 2 3 4 5 6 7 8 9 10		Few noises, smells and distractions 1 2 3 4 5 6 7 8 9 10
	Patients' hands are washed 1 2 3 4 5 6 7 8 9 10		Minimal staff interruptions 1 2 3 4 5 6 7 8 9 10
	Food is within reach 1 2 3 4 5 6 7 8 9 10		Patients receive help to cut up food 1 2 3 4 5 6 7 8 9 10
	Patients receive help to open packages 1 2 3 4 5 6 7 8 9 10		Patients receive help with eating and drinking 1 2 3 4 5 6 7 8 9 10

Which areas are strengths? _____

Which areas need improvement? _____

Time to Eat

How can mealtimes be better on your unit?

Share your ideas!



For more information, search “*malnutrition*” at ahs.ca

SMART Goal Worksheet

SMART Goal:	
Specific	
What needs to be done?	
How will it be done?	
When will it be done?	
How often will it be done?	
Measurable	
How will it be measured?	
Attainable	
Is this something that can be done?	
Can it be sustained over time?	
Rewarding	
Is the goal worthwhile?	
Timely	
What is the timeframe?	
When will the goal be evaluated?	

Mealtime Assistance Tags

Cut and laminate tags below. Use them to identify patients who need meal assistance.



Meal Assist

Time to Eat



Meal Assist

Time to Eat



Meal Assist

Time to Eat



Meal Assist

Time to Eat



Meal Assist

Time to Eat



Meal Assist

Time to Eat



Meal Assist

Time to Eat



Meal Assist

Time to Eat



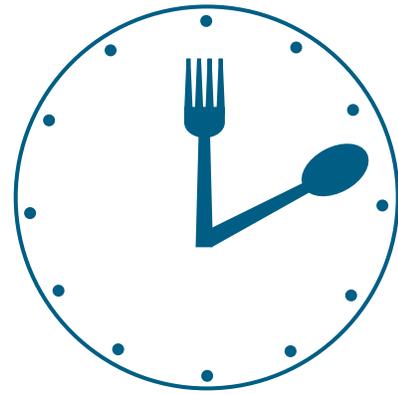
Meal Assist

Time to Eat

Time to Eat

What is Time to Eat?

Time to Eat aims to reduce barriers to eating by taking the time to help every patient enjoy their meal. When meals arrive, all staff focus on getting patients ready to eat, and assist with the meal as needed. Visitors are welcome to help their loved one at mealtime.



Why do Meals Matter?



1 in 2 adults and 1 in 3 children admitted to hospital are malnourished



People need more nutrition during times of illness to help them get better



1 in 3 patients eat less than 50% of their meals

For more information, search “malnutrition” at [ahs.ca](https://www.ahs.ca)

What time is it?



Time to Eat

Mealtimes on this unit:

Breakfast:

Lunch:

Supper:

For more information, search “*malnutrition*” at ahs.ca

Time to Eat

Tips to help patients eat better:



Clear tray table



Clean patient's
hands



Help patients sit
upright



Open food
packages



Cut food into
small pieces



Assist with eating
and drinking

For more information, search "*malnutrition*" at [ahs.ca](https://www.ahs.ca)

Staff Feedback Survey

Thank you for taking the time to complete this survey. It should only take several minutes.

Unit: _____

Discipline: _____

1. What do you see as <i>your role</i> in <i>Time to Eat</i>?			
2. In your opinion, how <i>important</i> is <i>Time to Eat</i>, and <u>why</u>?			
<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Very
3. In your opinion, how <i>effective</i> is <i>Time to Eat</i>, and <u>why</u>?			
<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Very
4. How much has <i>Time to Eat</i> affected your work load? Please explain.			
<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately	<input type="checkbox"/> Very
5. Which aspects of <i>Time to Eat</i> are working well?			
6. Which aspects of <i>Time to Eat</i> can be improved?			
7. Do you have any other ideas to improve the meal experience for patients?			

Thank you for taking part in our survey.