



Title	PROTECTING PATIENT MEAL TIMES
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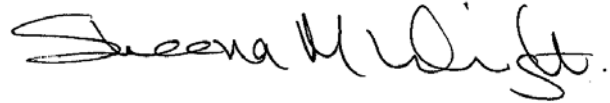
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1.0 Foreword

The importance of patients receiving optimal nutritional care is recognised by NHS Borders and this policy is supported by the Chief Executive and Director of Nursing and Midwifery for implementation across all hospital sites in NHS Borders.



Calum Campbell
Chief Executive



Sheena Wright
Director of Nursing & Midwifery

2.0 Introduction

Mealtimes are not only a vehicle to provide patients with adequate nutrition, but also provide an opportunity to support social interaction amongst patients. The therapeutic role of food within the healing process cannot be underestimated. Illness may produce profound changes in an individual's nutritional requirements, and may alter the appetite, and the ability to eat and to communicate needs. Patients who are ill are more at risk of malnutrition, which in turn may delay their recovery and increase the risk of complications ⁽¹⁾. However, food, even if it is of the highest quality, is only of any value if the patient actually eats it. ⁽²⁾

The term 'Protected Mealtimes' means a period of time over a mealtime when all other non urgent activities and treatments are stopped to allow patients to eat their meals without being interrupted by other activity and to give ward staff the time needed to help those who need assistance ⁽²⁾.

This guidance takes cognisance of NHS Quality Improvement Scotland (QIS) Clinical Standards for Food, Fluid and Nutritional Care in Hospitals (2003) ⁽¹⁾ which state that :

"All non-essential activity (clinical and non-clinical) is stopped during patient mealtimes"

"There is an adequate number of staff available at mealtimes to provide food and fluid to patients and, where necessary, to provide individual assistance with eating and drinking".

The Food in Hospitals National Catering and Nutrition Specification (2008) ⁽³⁾ also states that there is:

"Evidence that mealtimes are observed to be protected, to minimise disruption to the patients"

"Evidence that meal times are observed to ensure that patients who require support with eating their meals are identified and receive help when required".

Protected Mealtimes is an initiative which is also recognised and recommended by the Royal College of Nursing (RCN), the National Patient Safety Agency (NPSA) and Age Scotland, who also support the implementation of the QIS Standards.

The British Dietetic Association (BDA) supports the concept of Protected Mealtimes. Missing meals, or experiencing interruptions during the mealtimes, can compromise a patient's nutritional intake, which could have a negative impact on their health and wellbeing ⁽⁴⁾.

Food and the service of food are now regarded by many as an **essential part of a patient's clinical treatment**. As health professionals, we need to work together to ensure that patients have a calm, uninterrupted period of time to eat.

Providing a conducive environment and Protected Mealtimes requires a multidisciplinary approach. To ensure it is implemented effectively, it needs to be incorporated into everyday ward routine, supported at all levels of the organisation and effectively promoted and communicated ⁽⁵⁾.

This policy seeks to provide a framework for meal times without stifling new ways of working, placing the patient/client at the centre of the mealtime experience.

3.0 Purpose of the Policy

The purpose of this policy is to manage mealtimes without unnecessary and avoidable interruptions, providing a conducive environment for patients to enjoy their meals. Staff are to provide patients with support and assistance with meals as required, placing food first at mealtimes.

The aims are:

1. To improve the "mealtime experience" for patients by allowing them to eat their meals without disruption.
2. To improve the nutritional care of all patients through nurses facilitating and encouraging the consumption of food and fluids.
3. To ensure that vulnerable patients who need assistance to consume their meals receive the support they require from nursing staff.
4. To support nurses in the delivery of food at mealtimes.
5. To ensure that mealtimes are a pleasant and relaxing social experience for patients.

4.0 Scope of the Policy

- (1) All hospital in-patient sites across NHS Borders.
- (2) All patients/ clients in hospital.
- (3) Ward based teams involved in the delivery of food to patients/ clients at mealtimes.
- (4) All hospital and community multidisciplinary teams across NHS Borders.

5.0 Responsibilities of key staff

Management

- The Chief Executive will ensure that NHS Borders has a policy for Protecting Patient Mealtimes.
- The Director of Nursing will ensure that the policy is implemented operationally.
- NHS Borders Food Nutrition & Health Strategy Steering Group will ensure that Clinical and General Managers in the relevant areas are aware of and understand the policy.
- Clinical and General Managers must ensure the policy is disseminated and implemented within their areas of responsibility.
- Department Managers must ensure that all staff are aware of and comply with the policy.

Senior Charge Nurses

- Senior Charge Nurses are to have overall responsibility for implementing the Protected Mealtimes policy in their own area and include in ward induction of new staff.
- Interruptions e.g. ward round, drug round, GP visits, cleaning, documentation, other therapy should only occur where clinically appropriate and absolutely necessary. Transfer of patients should be kept to a minimum during protected mealtimes from the receiving ward's perspective, as well as the patient's, to ensure the nutritional needs of the transferring patient group are met. However it should be appreciated that patient flow through the system needs to be continuous.
- Liaise with ward clerk (for those mealtimes when they are on duty) regarding ward telephone cover at patient mealtimes, to ensure nursing staff do not require to interrupt patient care.
- Organise staff mealtimes to maximise the number of staff available to deliver and assist patients with eating and drinking as required.
- Monitor ward activity during mealtimes and support staff to ensure that their practice remains consistent with the policy.
- Develop an effective communication relationship with catering services that permits early identification and resolution of any problems with the supply of food and fluids to the ward.
- Display appropriate signage to inform all patients, staff and visitors of the Protected Mealtimes periods during the day.

- Patients and their relatives should be made aware of the mealtime policy and ward practice as soon after admission as is reasonably possible.
- Where a patient requires assistance to eat it is documented in the patient's notes. Relatives and carers who wish to help are welcomed and encouraged to participate in mealtimes.

Registered Nurses

- Ensure effective communication within ward teams regarding the nutritional needs of individual patients. This includes verbal communication and comprehensive documentation.
- Make food a priority during mealtimes, providing assistance, support and encouraging patients to eat, as required.
- Ensure mealtimes are managed as effectively as possible within the ward area, focussing on implementing the aspects within 'Prior to Meal Service' (see section 7.1) and 'Meal Service' (see section 7.2).
- Ensure documentation relating to patient's dietary intake is completed accurately if applicable.

Non Registered Nurses

- Make food a priority during mealtimes, providing assistance, support and encouraging patients to eat, as required.
- Ensure documentation relating to patient's dietary intake is completed accurately if applicable.

All Staff

- Ensure that all non-essential duties (see section 7.4) cease on the ward during patient mealtimes.

6.0 Equality and Diversity Impact Assessment

This Policy is part of NHS Borders' Food Nutrition and Health Strategy ⁽⁶⁾ which has been assessed for meeting the standards for Equality and Diversity.

7.0 Protecting Patient Mealtimes – The Principles

Protected mealtimes are periods when priority is given to the nutritional care of patients. All ward based activities (where appropriate) should stop to enable nurses to serve food and give assistance and support to patients. Patients should be able to eat their food in a relaxed environment, at their own pace and rest afterwards.

The following principles should be adopted in all clinical areas where patients receive food, however it is acknowledged that in a number of clinical settings essential activity will continue.

In order to maximise the benefits to patients from the mealtime experience, nursing staff are required to prepare themselves, the environment and their patients prior to the service of food.

The Protected Mealtime should last for one hour. This includes:-

- 15 minutes to prepare patients and the ward, ready for the meal service
- 45 minutes meal and rest time

7.1 Prior to meal service

- Consideration should be given, when possible, to where patients sit to eat their meals, supporting the social aspects of mealtimes whilst respecting the preferences of the individual.
- Where communal dining facilities are available, tables should be clean and appropriately set prior to the service of food.
- Where possible, bed tables and eating areas should be cleaned appropriately and cleared of items not conducive to meal times e.g. urine bottles, commodes, sick bowls etc.
- Where required, nurses should provide patients with assistance to use the toilet prior to the service of food.
- Prior to the service of food all patients should be given the opportunity to wash their hands or use hand wipes.
- Patients should be made comfortable prior to the service of meals, and be in an appropriate eating position. The table and chair should be at an appropriate height.
- If applicable, patients' dentures should be clean and in place and other oral care provided as required.
- If applicable, patients should be provided with the adapted equipment / utensils that they require for eating and drinking e.g. feeding beakers, special cutlery etc. to meet their individual needs.

- Patients requiring assistance will be identified by the ward team prior to the service of meals.
- Staff must ensure that their hands have been appropriately washed prior to the service of food.
- Staff must wear correct colour of plastic aprons (blue) to serve food.

7.2 Meal service

- Nurses will organise their own mealtimes to maximise the number of staff available on the ward to deliver and assist patients with their meals.
- Food should be placed within a comfortable reach of the patient and where required, assistance given with opening packets, loosening lids etc.
- Patients/ clients should be given **adequate time to eat, drink and enjoy their meal**. The meal should not be rushed or interrupted unless absolutely necessary.
- Nursing staff will **make food a priority during mealtimes**, providing assistance, support and encouraging patients to eat, as required.
- Staff directly involved with patients at mealtimes should avoid answering the telephones within the vicinity of meals being served or leaving patients when providing assistance at meal times to answer the telephones - where possible. Charge Nurses will liaise with the ward clerk to ensure telephone cover at patient mealtimes. Some clinical areas may consider diverting telephones at meal times to other areas. However it is recognised that in acute areas this may be challenging.

7.3 At the end of the meal

- Nursing staff should **monitor the nutritional intake of all patients**. Trays or plates should not be removed without first checking how much food has been eaten. When in use, Food Record Charts should be completed.
- If the patient hasn't eaten their meal:
 - 1- find out the reason and provide an alternative if appropriate
 - 2 - communicate and document any concerns and where it is suspected that the patient's nutritional intake is inadequate a ' 3 Day Food Record Chart' should be commenced to document actual intake.
- If required, assist patients to freshen/ tidy up and check that no food has been retained in the mouth.

7.4 **Non-essential and essential clinical activity**

Nursing staff must ensure that delivery of essential clinical care is not compromised. Guidance on what constitutes **non-essential activity** could include, for example:

- Ward rounds (where possible)
- Routine medication administration
- Routine observations of the clinically stable patient
- Routine venepuncture
- Routine ECGs
- Routine investigations including diagnostics, unless there is a clinical indication for urgency.
- Routine ward visits by all staff groups unless assessing or treating a patient in direct relation to their eating and drinking
- Documentation by nursing staff and AHPs
- Pharmacist visits to patients
- Cleaning of the surrounding area
- Bedmaking
- Ad hoc visiting
- Personal care

Nursing staff must use clinical judgement when considering what constitutes **essential / urgent activity** for example:

- Patients that require urgent medical assessment
- Diagnostic tests such as CT scan, Ultrasound
- Preparing patients for planned procedures such as endoscopy, bronchoscopy, theatre
- Patients requiring pain control
- Urgent patient transfers and admissions

7.5 Key Points

- To acknowledge the high priority that should be given to mealtimes as part of the care and treatment of the patient.
- To provide meal times free from avoidable and unnecessary interruptions.
- To free up nursing staff to provide support and assistance in eating, to those patients who require it.
- To create a quiet and relaxed atmosphere in which patients are afforded time to enjoy meals, limiting unwanted traffic through the ward during meal times e.g. estates work, deliveries and clinicians not involved in the meal.
- To recognise and support the social aspects of mealtimes.
- To provide an environment conducive to eating that is welcoming, clean and tidy.
- To limit ward based activities, both clinical (eg. drug rounds, documentation) and non-clinical (eg. cleaning tasks) to those that are relevant to meal times or 'essential' to undertake at that time.
- To focus ward activities into the service of food, providing patients with support at mealtimes.

8.0 References

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Appendix 1

NHS Borders Protected Mealtimes for Patients

Protected mealtimes are mainly for 1 hour and include
 15 minutes before the food arrives – for preparing the ward and patients for meal service
 45 minutes for mealtime and rest

	Breakfast	Lunch	Evening Meal
BGH			
4	-	12 – 1	5 - 6
5	8 – 9	12.15 – 1.15	5 – 6
6	8 – 9	12.30 – 1.30	5 - 6
7	8.15 – 9.15	12.30 – 1.30	5.15 – 6.15
9	8.15 – 9.15	12.15 – 1.15	5 - 6
10	8.15 – 9.15	12 – 1	4.45 – 5.45
11	7.45 – 8.45	11.45 – 12.45	4.45 – 5.45
12	7.45 – 8.45	12 – 1	5 - 6
15	8 – 8.30	12 – 1	5 - 6
16	8 – 9	12 – 1	4.45 – 5.45
17	8 - 9	12 - 1	5 - 6
Hay Lodge 1	8 – 9	12 – 1	5 - 6
2	8 – 9	12 – 1	5 - 6
Day Hosp	-	12 - 1	-
Hawick Com H	8.15 – 9	12 – 12.45	5 - 6
Teviot bank	7.45 – 9	11.45 – 1	4.45 - 6
Day Hosp	-	12 - 1	-
Kelso 2	8.30 – 9.30	11.45 – 12.45	4.45 – 5.45
Day hosp	-	12 – 1	-
Knoll hospital	8 - 9	11.45 – 12.45	4.45 – 5.45
Knoll day hosp	-	12 – 1	-
Eyemouth Day hosp	-	11.45 – 12.45	-
Mental Health			
Huntlyburn	-	12 – 1	5 - 6
Melburn	-	11.45 – 12.30	4.45 – 5.30
Cauldshiels	-	11.45 – 1.15	4.45 – 5.45
East Brig	9.15 – 9.45	12 – 1	5 - 6
Galavale	-	12 – 12.45	5 – 5.45
Wilton View	-	12 – 1	4.45 – 5.45
Poynder View	-	11.45 – 12.45	4.45 – 5.45 (when open)
Gala Day Unit	-	12 - 1	-
Westport day unit	-	1- 2	-
Firholm	-	1 - 2	-