

PROTECTED MEALTIMES POLICY

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Mary’s Lunch

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*Come on now Mary, it’s time for your meal
Nutrition’s important for your ulcers to heal!”
I’m sat at the table and ready to eat.
Oh! Here’s the lady to look at my feet.*

*The soup is now cold and not very tasty
So it’s replaced with peas, chips and pastry.
With fork at the ready I’m just going to start
When the doctor appears to check on my heart!*

*My feet have been checked and my heart it is good
I’m back at the table but where is my food?
Along comes the cook and puts down my plate
But before I can start, here’s the nurse to check
on my weight!!*

*I’m back at the table and ready and willing
For that meal that looks juicy, tasty and filling.
And just as my fork hits the tatties and gravy
A voice in my ear shouts “Pills Mary Davie!”*

*That’s it. I give up. The system has won.
Forget your Nutrition my hunger has gone.
I’m back in the lounge, was lunch just a dream?
Did I really have soup and peaches and cream?*

*No, I did not and I’ve just got a hunch
That they’ll write in their book
‘Mary’s eaten no lunch’!!*

Note: This poem has been reproduced with Hazel’s kind permission. Hazel participated in the project Promoting Nutrition in Care Homes which was organised by the Care Commission with funding from the Scottish Government. The report can be found on the Care Commission website.

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1. Introduction

Mealtimes provide patients with access to adequate nutrition as well as an opportunity to support social interaction. Good nutrition good hydration and enjoyable mealtimes can dramatically improve the health and wellbeing of people. As such the therapeutic role of food within the healing process needs to be re-emphasised and ward based staff given the opportunity to focus on the nutritional requirements of patients at mealtimes. Recent results from a nationwide survey suggest that 1 in 3 of all patients of all ages admitted into hospital and care homes are at risk of malnutrition and more than 1 in 5 of all patients admitted were recorded as at high risk of malnutrition (BAPEN Nutrition Screening Week Survey Jan 2010).

On admission to hospital, and at regular intervals after admission, adults and children must have their risk of malnutrition assessed using either the Malnutrition Universal Screening Tool (MUST) or the Paediatric Yorkhill Malnutrition Screening tool (PYMS). Use of these tools ensures that staff create suitable nutritional care plans to promote optimal nutrition. However food, even if it is of the highest quality, is only of any value if the patient actually eats it.

It is the responsibility of the whole healthcare team to ensure that patients are encouraged and assisted to eat their meals, and that practitioners deliver the highest possible nutritional care for patients during mealtimes in accordance with the NHS QIS Standards on Food, Fluid and Nutritional Care in Hospitals (2003).

2. Aims of the policy

This Protected Mealtimes Policy seeks to provide a framework for staff in the management of all hospital mealtimes by placing the patient at the centre of mealtime experience.

3. Key objectives

Successful implementation of this policy will

- provide mealtimes free from avoidable and unnecessary interruptions by emphasising to all staff, patients, visitors the importance of mealtimes as part of the care and treatment for patients.
- create a quiet and relaxed atmosphere in which patients are given sufficient time to enjoy meals and support the social significance of mealtimes.

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- ensure that meals that have to take place outside of the allocated ward mealtime are also protected, for example when patients are out of the ward area for essential treatment, or those observing Ramadan.
- facilitate maximum assistance to patients who require support by managing staff breaks
- clarify exclusions to protected mealtimes

4. Policy scope

This policy applies to all clinical areas and their staff, where food is served to patients. However each area will need to adopt different approaches to delivering protected mealtimes due to: the “needs of their patients, the needs of the service, and environmental factors, whilst still allowing for a reduction in inappropriate mealtime interruptions and improve patient care” (Hospital Catering Association 2004).

4.1 What is Protected mealtimes

Protected mealtimes are periods when **non-essential** clinical and non-clinical activities stop to enable nurses, ward based teams, catering staff and volunteers to serve food and give assistance and support to patients. (Department of Health 2002). Patients should be able to enjoy food in a relaxed environment at their own pace, and be offered the opportunity to rest after a meal, wherever possible

In order to maximise the benefits to patients, from the mealtime experience in all areas where food is served, clinical staff are required to prepare themselves, the environment and their patients prior to the service of food. It is acknowledged that in many clinical settings **essential** activity will continue.

5.0 Protected mealtimes in practise

Staff must ensure that the delivery of essential care is not compromised and therefore the following provides guidance on what constitutes essential and non essential activities. The following guidance should be adopted in all clinical areas where patients receive food.

5.1 Essential Activity

Staff must use clinical judgement when considering what constitutes **essential activity** but is generally when there is a pressing clinical need. For example:

- Patients requiring pain control and essential medications which are given with food.

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- Patients returning, being admitting or transferring from other departments.
- Patients prepared for planned procedures such as endoscopy, bronchoscopy.
- Diagnostic tests such as CT scan, Ultrasound.
- Therapy such as swallowing assessments or occupational therapy eating and drinking assessments which need to be carried out at mealtimes.
- Some aspects of personal care

Staff must ensure that the delivery of essential clinical care is not compromised.

5.2 Non Essential Activity

The following provides examples on what may constitute **non-essential** activity and must be actively discouraged during mealtimes would include:

- Ward rounds
- Medication administration
- Observations of the clinically stable patient
- Bloods
- ECGs
- Assessments and treatments by AHPs, e.g. physiotherapy
- Pharmacist visits to patients
- Cleaning
- Ad hoc visiting
- Personal care
- Non essential nursing intervention e.g. dressings

6 Responsibilities

Through the Lothian Nutritional Care Group (LNCG) NHS Lothian will:

- Ensure that the principles of Protected Mealtimes are being implemented in all areas where food is served. NHS Lothian will develop a robust monitoring system which is included as part of ongoing monitoring work of the group
- Ensure that the purpose of Protected Mealtimes is included in induction training for **all** staff who work where food is served.

6.1 Chief Nurses and Clinical Nurse Managers Responsibilities

Managers will:

- Monitor implementation of the Protected Mealtimes Policy within their area(s) of responsibility and report this to the local nutritional care group
- Emphasise the importance of teamwork and co-operation between different teams including catering staff and ward based teams to ensure implementation and compliance.
- Be aware of the NHS QIS Food Fluid and Nutritional Care Standards (2003) with respect to the planning and delivery of food and fluid.

6.2 Senior Charge Nurse Responsibilities

Where patient meals are served, teams led by the Senior Charge Nurse will:

- Take full responsibility for the implementation of the Protected Mealtimes and establish protected mealtimes within the ward routine and structured day.
- Ensure that all staff are aware of the NHS QIS Food Fluid and Nutritional Care Standards (2003) with respect to the planning and delivery of food and fluid.
- Ensure interruptions e.g. ward rounds, drug rounds, GP or other medical staff visits, cleaning and therapy will only occur in exceptional circumstances
- Ensure staff directly involved with patients/clients at meal times avoid answering the telephones and identify a key person at meal times who is not involved in food service, to answer telephones.
- Develop an effective communication relationship with catering services that permits early identification and resolution of any problems with the supply of food and fluid to the ward.
- Organise staff meal breaks to maximise the number of staff available to deliver and assist patients/clients with food.
- Consider where patients sit to eat their meals, whilst respecting individual preference and depending on clinical environment.
- Consider restricting ward area to visitors during mealtimes and as appropriate will:

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- Enable patients to feed themselves, but offer assistance with feeding if necessary (including encouraging carers to assist at mealtimes when appropriate).
 - Determine the period of restriction.
 - Communicate with the patients and their relatives to make them aware of the purpose and benefits of the Protected Mealtime Policy.
 - Balance the needs of all patients on the ward , taking into consideration individual preferences and cultural considerations.
- The National Patient Safety Agency advise appropriately recording missed meals at ward level as part of the monitoring of this policy.
 - Monitor practice during mealtimes and support staff to ensure that their practice remains consistent with the policy.
 - Display appropriate signs to inform staff and visitors of the Protected Mealtimes period.

See Appendix 1 for “top tips” on implementation

6.3 Nursing Staff Responsibilities

Nursing staff will:

- Identify patients requiring assistance with eating and drinking prior to the service of meals
- Ensure that tables are clean, suitably prepared and clear of items not conducive to mealtimes prior to the service of food.
- Provide the opportunity for patient to use toilet facilities prior to meals.
- Provide the opportunity for patients to wash their hands prior to meals.
- Make food a priority during mealtimes, providing assistance and encouraging patients to eat, being aware of how much food is eaten and recording nutritional intake for those requiring this to be recorded
- Report missed meals to the nurse in charge
- Adhere to meal break rota, to maximise the number of staff available to serve and assist patients with food during meal times.

6.4 Responsibilities for all staff

All staff will:

- Be aware of their responsibilities to attend training in food handling, and be competent in the positioning and feeding of patients
- Discourage interruptions during meal times e.g. ward rounds, drug rounds, GP or other medical staff visits, cleaning, routine investigations and therapy.

7. Bibliography

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APPENDIX 1

TOP TIPS FOR IMPLEMENTING PROTECTED MEALTIMES (Adapted from Evelyn Prodger, 2003 - National Patient Safety Agency)

- Start by carrying out ward observation audit (tool available on the Nutrition page on the NHS Lothian Intranet at <http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/Nutrition/Pages/Nutrition.aspx> Discuss results of observation with your team. Look at how things would need to change in order to implement Protected Mealtimes. Outline the roles staff would have during Protected Mealtimes. Consider any environmental changes that you would make (e.g. the use of a dining table).
- Discuss practicalities (e.g. what will happen with the drugs rounds, staff breaks, and any other activities that routinely happen at mealtimes), consider whether visiting times need to change.
- Discuss your plan with the multi-professional team and patients. Emphasise the benefits of Protected Mealtimes (see FAQ sheet which is available on the Nutrition page on the NHS Lothian Intranet at <http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/Nutrition/Pages/Nutrition.aspx>). Be open about the practicalities and negotiate what will happen with the ward rounds etc.
- As there will be other wards implementing Protected Mealtimes, you may need to think about staggering mealtimes. Discuss how this might be done at your local nutritional care group meeting.
- Discuss the proposed plans with patients and their relatives in the run up to the introduction of Protected Mealtimes.
- Be realistic. Things will not change overnight. Relatives will turn up, ward rounds will run late and emergencies will happen. Be prepared to accept things that happen and try again for the next mealtime.
- Persist. Review Protected Mealtimes with staff regularly, work at resolving obstacles and barriers. Be consistent in providing positive feedback when it works well.
- Repeat the audit and observation, as a way of demonstrating changes and improvements that have happened and as a check of what changes are still required.
- Share your experiences with others. You can share what works well and problem solve together. This could be done at your local nutritional care group.