

Negative mealtime interruptions in hospitals: findings of a series of observational studies

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Background: Malnutrition is an international problem in hospitalised patients. More than one-third of all admitted patients are likely to be malnourished and many more at risk of malnutrition. One of the contributing factors suggested to play a role in reduced nutritional intake during hospital admission are negative mealtime interruptions, defined as avoidable and unnecessary activities undertaken during mealtimes that detract from eating. This cross-sectional, observational study series explored mealtime practices under usual care. One of the study aims was to explore negative interruptions in a range of hospital wards.

Methods: Mealtime interruptions at breakfast, lunch and dinner were observed by trained dietetic students across three observation periods in the specialties of general medicine, subacute and post-operative care. Participants were adult patients receiving an oral diet who provided consent. Ethics approval was obtained.

Results: In total, 668 mealtimes were observed: 220 in medical, 290 in subacute and 158 in post-operative care. The average±SD patient age was: 76.2±14.6 years in medical, 76.0±14.8 years in subacute and 58.8±18.2 years post-operative care. In total, 332 negative interruptions during mealtimes were observed: 127 in medical, 129 in subacute and 76 in post-operative care. This equated to a negative interruption almost every second mealtime. Interruptions were made by staff including individual and groups of health care team members, support staff and contractors (e.g. electricians). Reasons for interruptions included: delivery of medications, medical observations, ward rounds, tests/treatments, interviews and a range of support staff services.

Discussion: The frequency and extent of interruptions during usual care was a key finding. Negative interruptions occurred during almost half of observed mealtimes and all members of the health care team interrupted patients' mealtimes. This possibly contributes to inadequate nutritional intake. This research has extended into a prospective study of protected mealtimes which will occur in late 2015.

Acknowledgements: Our thanks to the Monash University Nutrition & Dietetic student observers for collecting data, supervising dietitians and all staff on participating wards.

Funding sources: NHMRC TRIP Fellowship (JP) and APA Postgraduate Award (JC)