

# Mealtime Companionship Program at the University of Alberta Hospital: a Study on the Views of Patients, Volunteers, Health Care Providers, and Relevant Stakeholders

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DEFINE OPPORTUNITY

**Background, Problem Statement, and Goal Statement:** The Volunteer Resource Centre at the University of Alberta Hospital established the Mealtime Companionship Program in February 2017 in collaboration with the Surgery/Orthopedics department. Two inpatients units (3F3 and 3F4) that are selected for the program have a higher number of vulnerable patients compared to other units and could significantly benefit from the program that assists with feeding tasks and provides a “social dinner” experience. The program was first introduced to unit 3F3 and then expanded to unit 3F4 six weeks later (March 2017). Mealtime Volunteers play a critical role in patients’ meal experience prior, during, and after the meal.

Problem Statements-May 1st, 2017:

1) 7.5% (Unit 3F3) and 0% (Unit 3F4) of the appropriate unit staff have checked-off (acknowledgement of review) the communication binder. The communication binder serves as the primary communication point between volunteers, nursing staff, dietician, and recreational therapists. This directly limits communication between volunteers and Unit staff which then impacts patient meal preferences, issues, and resolutions.

2) Current meal time unit location is in a dark hallway which is heavily cluttered with medical supplies and equipment. This area is not visually appealing, difficult to position patients, and challenging to have a social meal time experience.

3) Mealtime Companionship Program Volunteers’ scope of practice does not include assisting patients with eating/feeding.

This impacts patients struggling to eat (move food to mouth), and volunteers cannot assist. This leads to poor consumption, food wastage, and a feeling of helplessness for both a patient and a volunteer.

Aim Statements-Aug 31st, 2017;

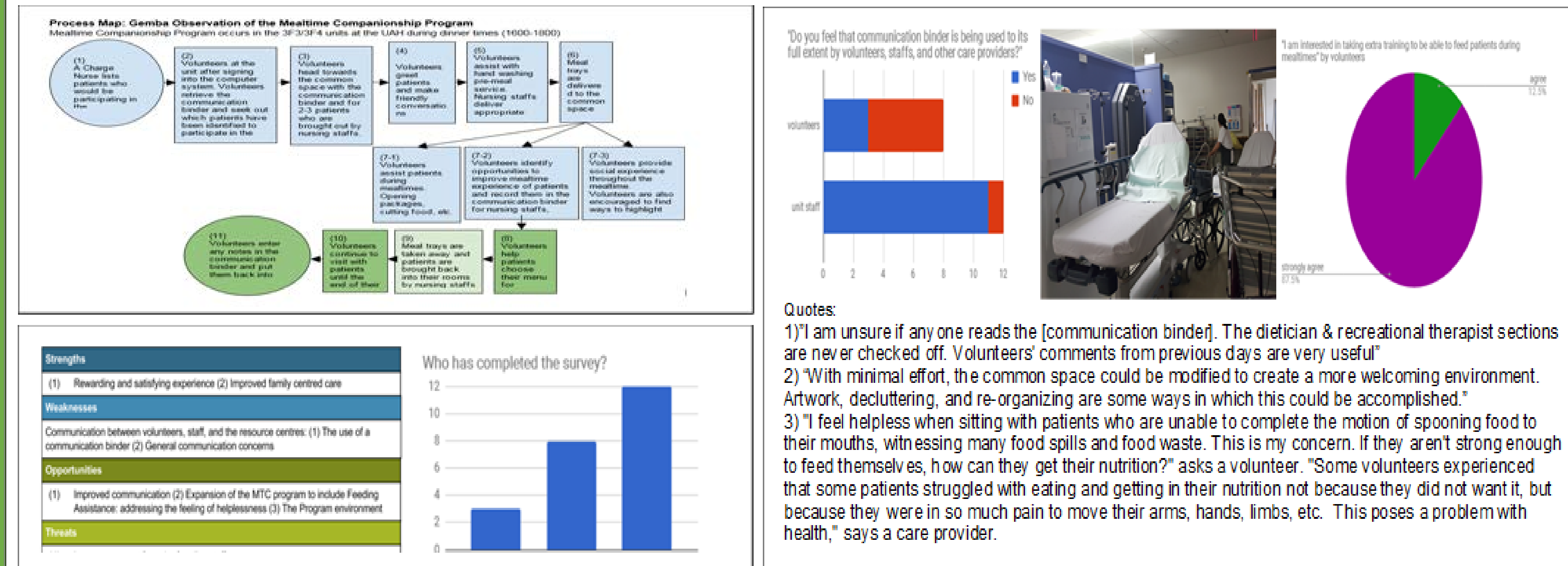
1) 80% check-off (acknowledgement of review) the communication binder for both Unit 3F3 and 3F4 improving communication between volunteers and the unit staff

2) Declutter and improve the meal time unit area to create a “social dinner” atmosphere for patients

3) Form a working team to discuss the expansion of the Mealtime Companionship Program to include a feeding service

BUILD UNDERSTANDING

**Process Assessment:** Direct observation (Gemba). The project team developed a process map, conducted a SWOT analysis, and surveyed both patients and care providers to identify main areas for improvement.



**Improvement Selection and Implementation Plan-Time frame:** Aug 14th to Sept 30th, 2017

Communication Binder	Meal time location	Feeding Service
1. Director of Nutrition Services increased the awareness and importance of regular review and sign off of the communication binder with the Dietitians involved on the units. Encouraged the team members to use binder and review comments regularly	1. Unit de-cluttering of the Meal time area 2. Volunteer resource coordinator spoke with Arts in healthcare team and have selected a picture to display for the eating area on 3F3 and 3F4 units 3. Volunteer resource coordinator has spoken with the gift shop about getting flowers for patients in the units. Flowers will be delivered to patients earlier in the day to 2 units twice/week. 4. Manager of Site Operations has prepared an iPod with preprogrammed music, and the device is now stored in the unit managers’ office for requests. 5. Patients will be arranged to enhance socialization	1. Form a committee composed of patient engagement consultant, volunteers, dietician, speech pathologist, front line staff, and Unit and UAH leaders  2. Consult with other AHS institutions who already have the Feeding Service in place (eg. Royal Alexandra Hospital is assessing to include a Feeding Volunteer Service)

**PDSA measurement and results (Aug 14-Aug 21, 2017)**

The check off rate for the communication binder has increased  
- 79% on Unit 3F3 (6/7 sheets)  
- 80% on Unit 3F4 (4/5 sheets)

Director of Nutrition Services designed a new communication log layout that is much more user friendly for both volunteers and clinicians. Implemented Aug 22, 2017



Will reassess in a few months to see what has been determined by team leads as feasible with volunteer feeding patients.

ACT TO IMPROVE

**Reinforce Ownership, Measurement, & Continuous Improvement:**

1. Continuously audit (monthly) and encourage care providers to use the communication binder
2. Maintain a clutter free meal location. Volunteers may move the equipment to provide more space for patients
3. Expansion of the Mealtime Companionship Program to including feeding service. With the development of written guidelines, appropriate training details, etc.
4. UAH to review all current mealtime locations such as the 5G2 dining room to be shared Unit spaces thus servicing more patients from neighboring Units

MANAGE CHANGE

**Collaboration & Communication Strategies:**

Project team included a Pharmacy Student as the lead, Volunteer services manager, Unit managers, UAH operational leader, Quality consultant, and a Patient advisor whose patient experience was invaluable to the success of this project. By having an experience patient advisor allowed the culture of our QI team to be more patient/family-centered.

To gather the Voice of the Customer the project team used the method of face-to-face structured surveying. Designed two surveys: a survey for patients and their family and another survey for care providers, which include volunteers and unit staff. The survey sought to explore different aspects of the Mealtime Companionship program.

A Photovoice poster was developed to capture the impact that the program is making at the patient-care level. This poster was displayed on the unit to inspire and motivate all unit staff to manage positive changes to further improve the Mealtime Program.

**Unit managers have been speaking with staff regularly about the Mealtime Companionship Program, and staff has been directed to ask questions if they have any. In addition the MTC Volunteers poster is posted on the units**

**Lessons Learned:**

- Patients enjoy the program and nutritionally benefit which directly assists with both physical and mental healing
- Securing a physical location/space for the meal time program is extremely challenging in a large hospital
- The QI study had a small survey sample size: 20 care providers and 3 patients. Some patients could not complete the survey due to their medical conditions.
- Pre and post surveys were different patients participating due to patient admission and discharge dates on Units 3F3 and 3F4. Thus, patients who experienced the new changes did not experience the program prior to the intervention changes.

Volunteer: “Mealtime Companionship Program provides a very rewarding and satisfying experience to all those involved. “I definitely feel as if I am making a difference in the lives of the patients. I connect to my clients and their families on a personal level, and creating the social environment for mealtime has truly been rewarding.”

Care provider: “Mealtime Companionship provides better patient care.” “Volunteers are helpful and engaging. They give their full attention to patients who are experiencing social isolation, and this is truly beneficial. All volunteers are pleasure to have in our units.”

SUSTAIN RESULTS

SHARE LEARNING