

Patient Services

Effect of a protected mealtime pilot on energy and protein intake in a Canadian hospital

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Introduction: In Canada, approximately 45% of hospitalized patients are moderately or severely malnourished upon admission. The protected mealtime policy was designed to protect mealtimes from unnecessary and avoidable interruptions, providing an environment conducive to eating.

Objective: This pilot study aimed to provide preliminary results for the effect this policy has on patient energy and protein intake.

Methods: One-group pre-post observation design conducted on an adult inpatient unit at a hospital in Toronto, Ontario. Pre and post-observations included the frequency and type of interruptions, type of interrupter, and patient energy and protein intake at each meal. Demographic, diet, and disease related information was collected for each participant.

Results: The average number and length of interruptions decreased in the post-observation period by 46.6% (0.7 interruptions per meal) and 25.2% (3 minutes per meal). Energy and protein consumption increased by 5.4% or 91.1 kcal (381.1kJ) and 7.2% or 4.6 grams per day. The most frequent types of interruptions observed were bedside procedure/vitals (20.1%, 48 interruptions) and interruptions of a neighbouring patient in the same room (22.1%, 27 interruptions).

Conclusions: The implementation of a protected mealtime policy decreased the average number and length of interruptions patients experienced and increased the average length of mealtime assistance provided to patients. Energy and protein consumption showed a slight increase during the post-observation period when the protected mealtime policy was implemented.

Significance to the Field of Dietetics: A protected mealtime policy may be an effective policy to address malnutrition among hospitalized Canadian adults. Further studies are warranted in Canada to determine the effects and feasibility of this policy implementation.

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