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


**Background, Problem Statement, and Goal Statement:** The Mealtime Companionship Program at the University of Alberta Hospital established the Mealtime Companionship Program in February 2017 in collaboration with the Surgery/Orthopedics department. Two inpatient 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.

2. Current meal time unit location is in a dark hallway which is heavily clustered 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.

4. Mealtime Companionship Program at the University of Alberta Hospital

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**Aim Statements-Aug 31st, 2017:**

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.

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.

5. Patients would be more patient/family-centered.

6. To gather the Voice of the Customer the project team used the method of face-to-face structured surveying.

7. Designed two surveys: a survey for patients whose patient experience was invaluable to the success of this project.

8. By having an experience patient advisor allowed the culture of our project team included a Pharmacy Student as the lead, Volunteer services manager, Unit managers, UAH operational leader, Quality consultant, and a

9. Collaboration & Communication Strategies:

10. 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.

11. 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.

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

13. Communication Binder

14. Meal time location

15. Feeding Service

16. 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.

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 programmed music, and the device is now stored in the unit managers’ office for requests.

5. Patients will be arranged to enhance socialization

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

- The check off rate for the communication binder has increased:
  - 76% on Unit 3F3 (67 sheets)
  - 80% on Unit 3F4 (45 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

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

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**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.”