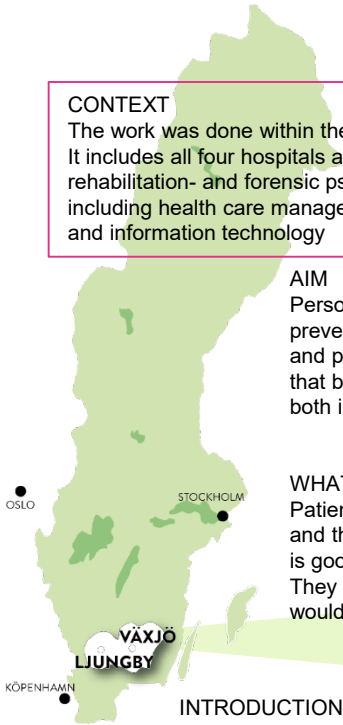
PROCESS FOR PERSON CENTRED MEALS AT HOSPITALS IN REGION KRONOBERG

CONTEXT
The work was done within the health care organization in Region Kronoberg It includes all four hospitals and cover emergency- , psychiatric- , rehabilitation- and forensic psychiatric care. It is a cross sectional teamwork including health care management, food service, knowledge management and information technology

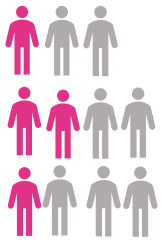


AIM
Person centred meals aimes at preventing and treating malnutrition and provide support for healthy diets that benefit the individual's health both in the acute phase and long-term.

WHAT MATTERS TO YOU?
Patients expect the meals in hospitals to be healthy and they want the care staff to have knowledge of what is good food and nutrition for their current care occasion. They want to be involved in their meals and they would like to se the menu.

INTRODUCTION
Hospital meals and the patient's nutrition during the hospital stay are all part of treatment and nursing. The area of nutrition therefore needs to be raised more clearly as a question of knowledge and responsibility in health care and include the patient's perspective on nutrition.

Malnutrition and unhealthy diet account for a countable part of the disease



In Hospitals
30 - 40 % are at risk for malnutrition or being malnourished
This affect length of stay and readmission

At societal level
50 % of the population is overweight or obese

25 % have considerably unhealthy diets.
This affect disease burden regards to non-communicable disease

INTERVENTION
Creating conditions for person centred work with meals and nutrition, where patient participation, knowledge management and documentation are central parts.

HOW WE ASSESSED THE PROBLEM
It all started in 2017 with the food service organizations patient surveys and Interviewes on the theme "what matters to you"
Then we conducted a pilot project, in which we designed and tested a concept for person centered meals. Several development areas were identified at diferent levels and perspectives.

Risk assessments are made for malnutrition and registration of the patients Nutritional intake is performed, but not in a structured and systematic manner, which means that analysis and follow-up cannot be carried out. There is also a lack of structure and systematics for supporting the patient's own empowerment and in reporting over. The hospital meals does not always correspond to the patient's needs and expectation.

STRATEGY FOR CHANGE
The process will be developed and implemented gradually

FIRST PART, now in process
Develop a local medical guideline on nutrition and create a structrue for documentation and analyses. This include screening for malnutrition and documentation of the patient's energy and protein needs and intake. A multiprofessional work within knowledge management.

Implement the evaluated menu structrure, from the pilot projcet, with starters, main courses and desserts. The meals can now be adapted to the different patient´s whishes, nutritional needs and conditions for eating. All wards have participated in digital meetings about the new system and structure for meals Follow-ups according to Patient Related Experience Measurements, PREM.

SECOND PART, not in process jet
Create a structured and systematic basic education in nutrition, based on the medical guideline.
Develop a structure to include nutrition in the patient's personal plan.
Develop a digital record of food intake for improved opportunities for early nutrition interventions for patients at risk of malnutrition.

MAIN MESSAGE
Hospital meals are an important part of a patient's well-being and a good nutritional status is a prerequisite for prevention, treatment and rehabilitation.

STRATEGIC OBJECTIVE

Each patient is offered to be actively involved in their meals during the care period.

The health care staff in the ward have expertise in energy and nutritional needs and nutrition for the specific care occasion.

The patient and relatives are offered support and advice on nutrition before going home or that overreporting to the next care provider takes place.

EFFECTS OF CHANGES, so far
Increased comittment to nutrition among health care professionals, and within magement.

Differentiation in meal ordering between different care departments, wards in psychiart and forensic psychiatry have systematically chosen a more health promomoting diet. Wards in emergency care, were malnutrition is more common, offer protein-rich starters and desserts

There are no final results yet. As soon as the structural preconditions for documentation are in place in the documentary system, follow-up will begin.

The most important thing for success has been intreprofessional and intersectorial work: Hospital meals invole many professionals and sectors, and affect all patients.

REGION KRONOBERG

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