Let’s Eat Together
Communal Dining Builds Body & Bonds in the Acute Care Ward

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Giang T.A.¹, Lau L.K.², Tang Q.C.¹, Sim J.¹, Ho Y. S.³, Cheong C.Y.², Ng C.J.³, Nieh C.M.², Phang J.F.K.³, Tan M.H.², Yap P.L.², Yap P.L.K.²

¹Rehabilitation ²Geriatric Education and Research Institute ³Nutrition & Dietetics ⁴Geriatrics Medicine ⁵Patient Experience Office ⁶Nursing Administration
Khoo Teck Puat Hospital

Background
Elderly patients are at high risk of low oral intake during hospitalisation. Studies have shown promising results on food intake in the elderly when they eat with others. However, elderly patients in acute wards often have their meals on bed and are fed by hospital staff who face time and manpower constraints. These practices might have negative effects on their appetite, mood and sense of independence.

Aims
To create a pleasant social eating environment in order to improve patients’ oral intake and well-being in the acute ward setting.

Methodology
DMADV: the Design for Six Sigma (DFSS) methodology was adopted.

Results

Validate
Communal dining was implemented in the ward D87 in November.

Food intake

Well-being Score

Social Interaction

Self Feeding

Project Impact
• Patients are more motivated to feed independently in the group setting, which reinforces their sense of self-efficacy and maximises their remaining abilities.
• Patients socialise more with others during meal times, hence enhancing their dining experience, mood and improving their food intake.
• Patients have a greater sense of purpose and control which enhances their well-being. This may in turn facilitate their functional and overall recovery as well as early discharge.
• May encourage a change in staff’s perception of patients who are empowered to self-feed instead of being fed.

Sustainability & Follow-up
• To develop a protocol for communal dining to enable scalability and implementation to other wards in KTPH.
• To work collaboratively with multidisciplinary team, scaling up to geriatric wards followed by general medicine and surgical wards.
• To examine the costs savings of this approach, such as savings on manpower and decreased patients’ length of stay.

Conclusion
Communal dining offers a positive and pleasant social environment for patients to eat in a group setting. This person-centred care approach potentially improves patients’ oral intake, well-being and independence in the acute care ward. It could also accelerate patient’s recovery; hence, might shorten their length of stay and reduce the risk of hospital-associated disability.