Singapore Healthcare Management **2018**

KK Women's and Children's Hospital
SingHealth

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Partnering patients with Eating Disorder To Achieve Better Outcomes: An Approach Towards Group Meal Supervision

INTRODUCTION

Direct meal supervision for patients with Eating Disorders (ED) is a therapeutic nursing procedure. As part of the treatment process, all ED patients require close meal supervision to reduce their tendency to hide and throw away food and to promote weight gain. Each patient is individually supervised by the bedside by one nurse during meal time to ensure that all meals are completed. Main meals have to be consumed within 30 minutes. When many ED patients are admitted at the same time, nurses shared that it was challenging and time consuming to supervise many patients as many nurses were needed for a one to one meal supervision. Hence, our team members come together to critically examine on how to improve the current process in patient meal supervision.

BACKGROUND

The problems encountered were the long time taken and excessive man-hours needed for meal supervision for patient with ED. Thus, the key indicators measured were the number of nurses required to do meal supervision and the time spent for the complete process (Figure 1). Another measurable indicator was the number of the top-up supplementations given to patients, when they were not able to complete their meals within the designated time frame or refusing to eat (Figure 2).

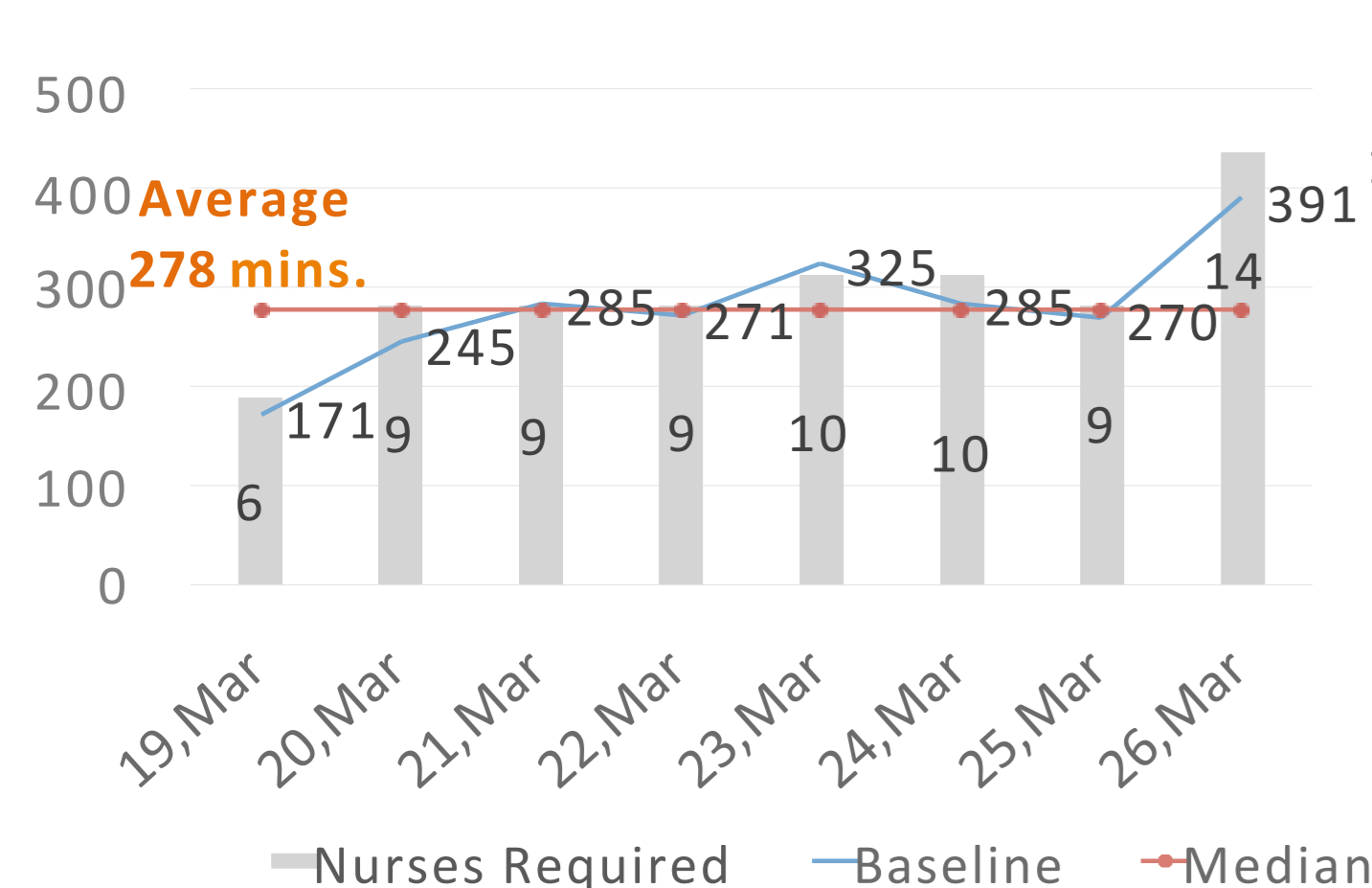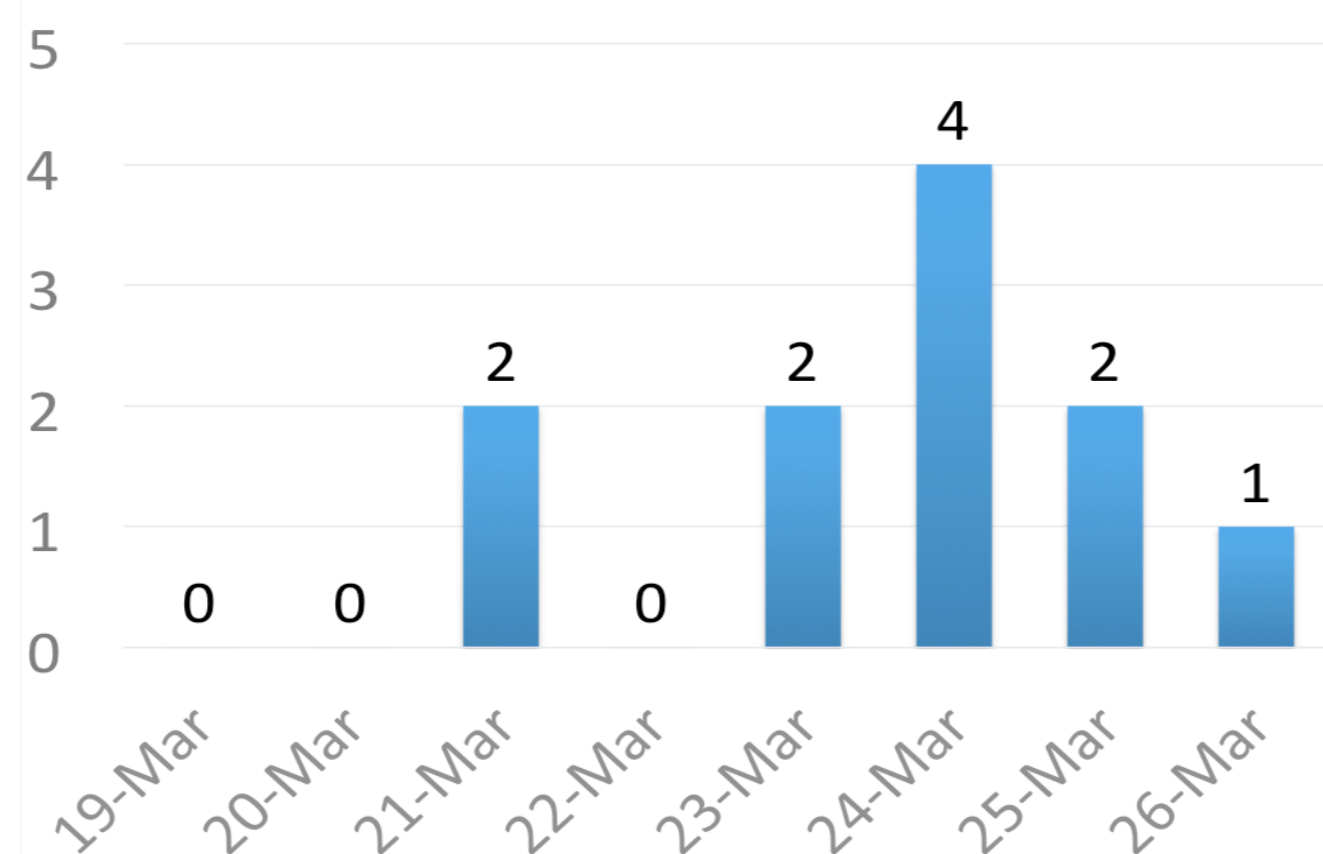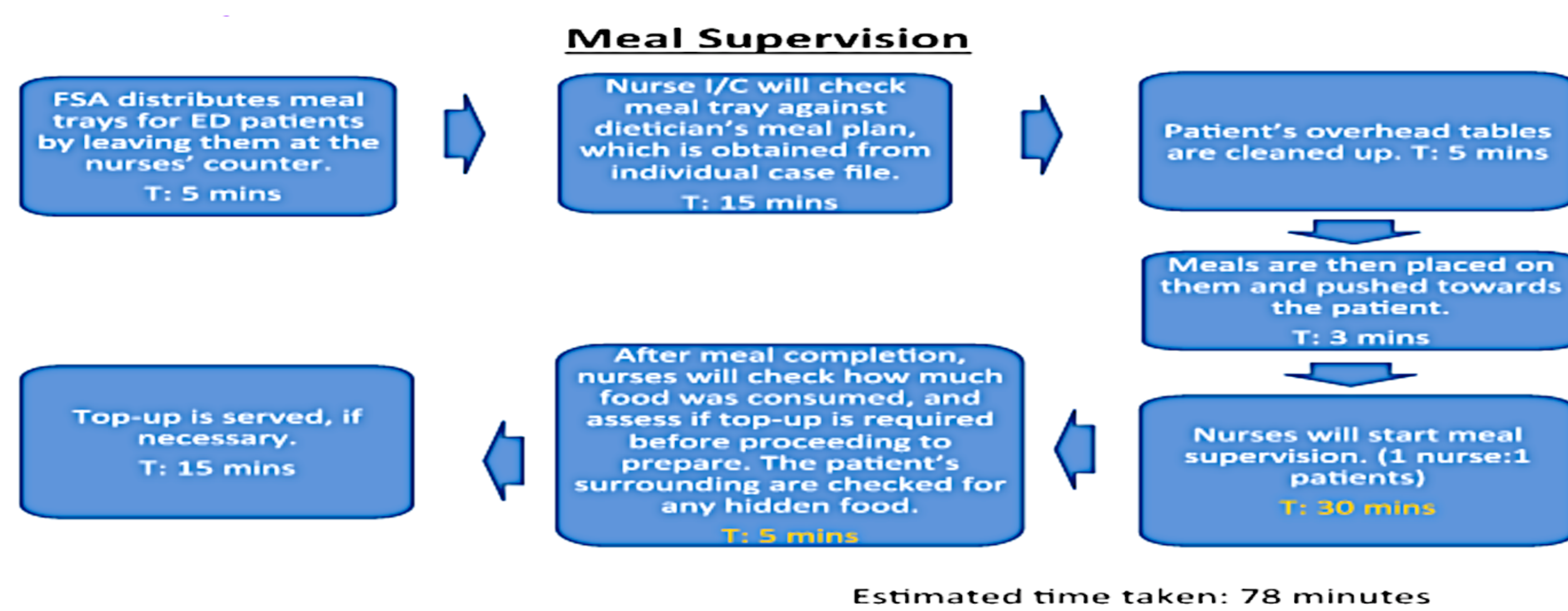Figure 1: Time Spent for Bedside meal supervision (minutes)

Figure 2: No. of Top-up required

The meal supervision time for each patient with top-up could take up to 78 minutes. If more than one ED patients were admitted at the same time, it could be straining to nurse staffing.
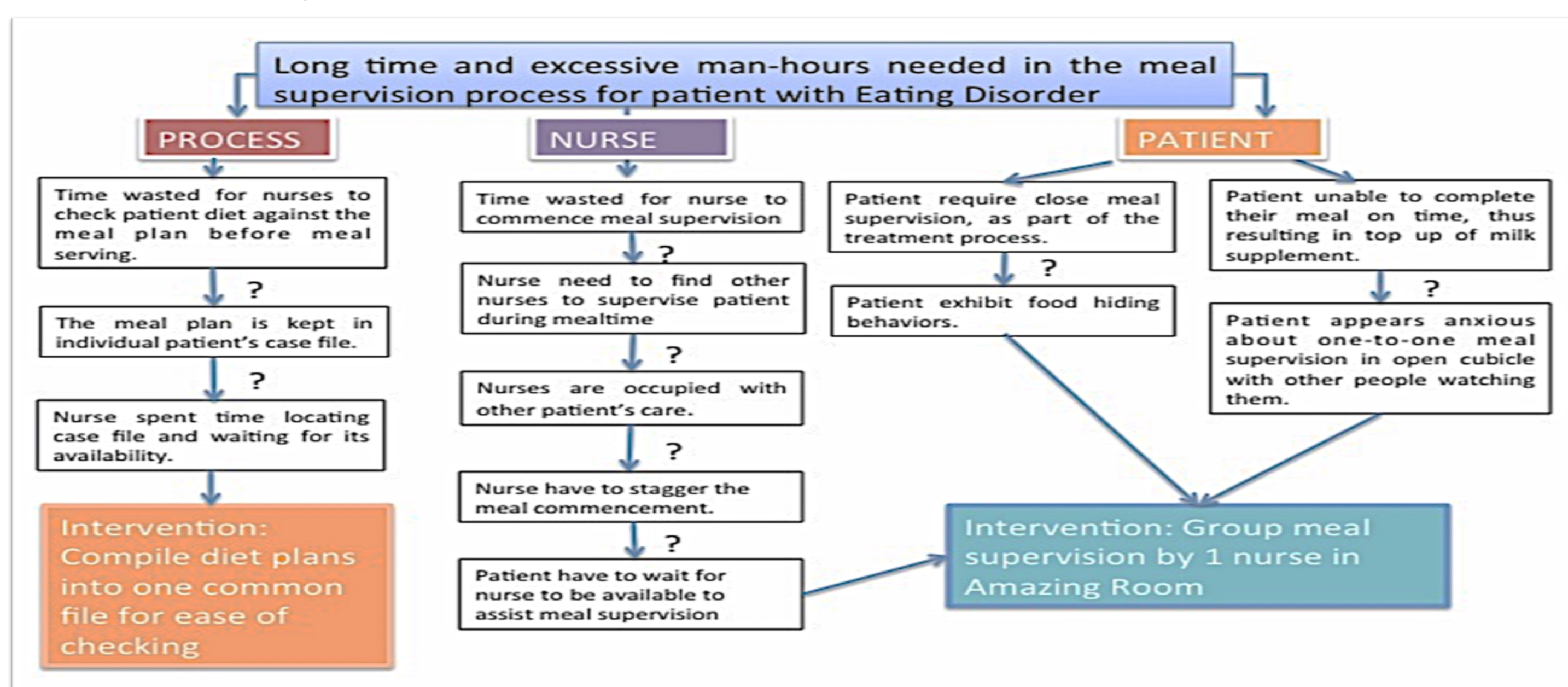

Meal Supervision
FSA distributes meal trays for ED patients by leaving them at the nurses' counter. T: 5 mins → Nurse I/C will check meal tray against dietician's meal plan, which is obtained from individual case file. T: 15 mins → Patient's overhead tables are cleaned up. T: 5 mins → Meals are then placed on them and pushed towards the patient. T: 3 mins → Nurses will start meal supervision. (1 nurse:1 patients) T: 30 mins → After meal completion, nurses will check how much food was consumed, and assess if top-up is required before proceeding to prepare. The patient's surrounding are checked for any hidden food. T: 5 mins → Top-up is served, if necessary. T: 15 mins
Estimated time taken: 78 minutes

AIM

To reduce time spent and man-hours for meal supervision process for patients with Eating Disorder.

METHODOLOGY

The 5 Why root cause analysis and Tree Diagram were adopted to review the meal serving and supervision process. Observation of patients' behaviour during one to one bedside meal supervision were also taken into consideration.
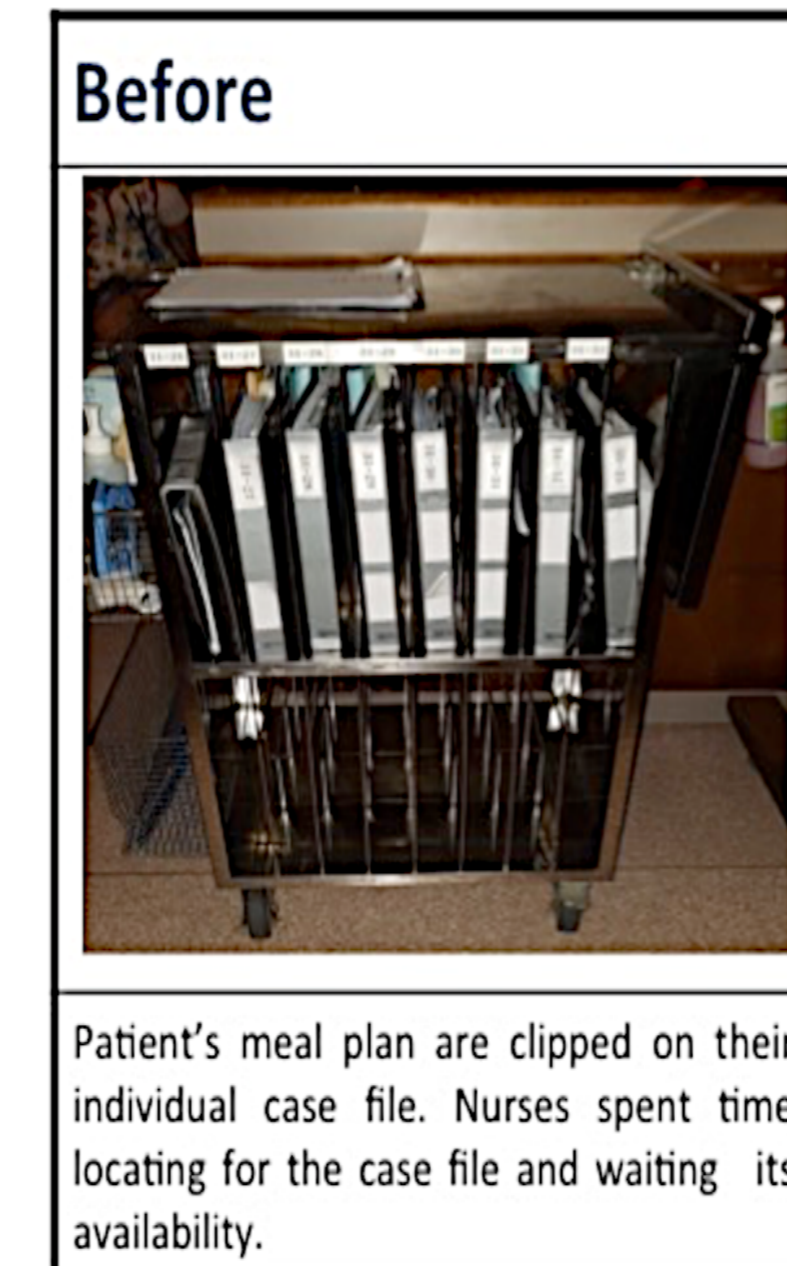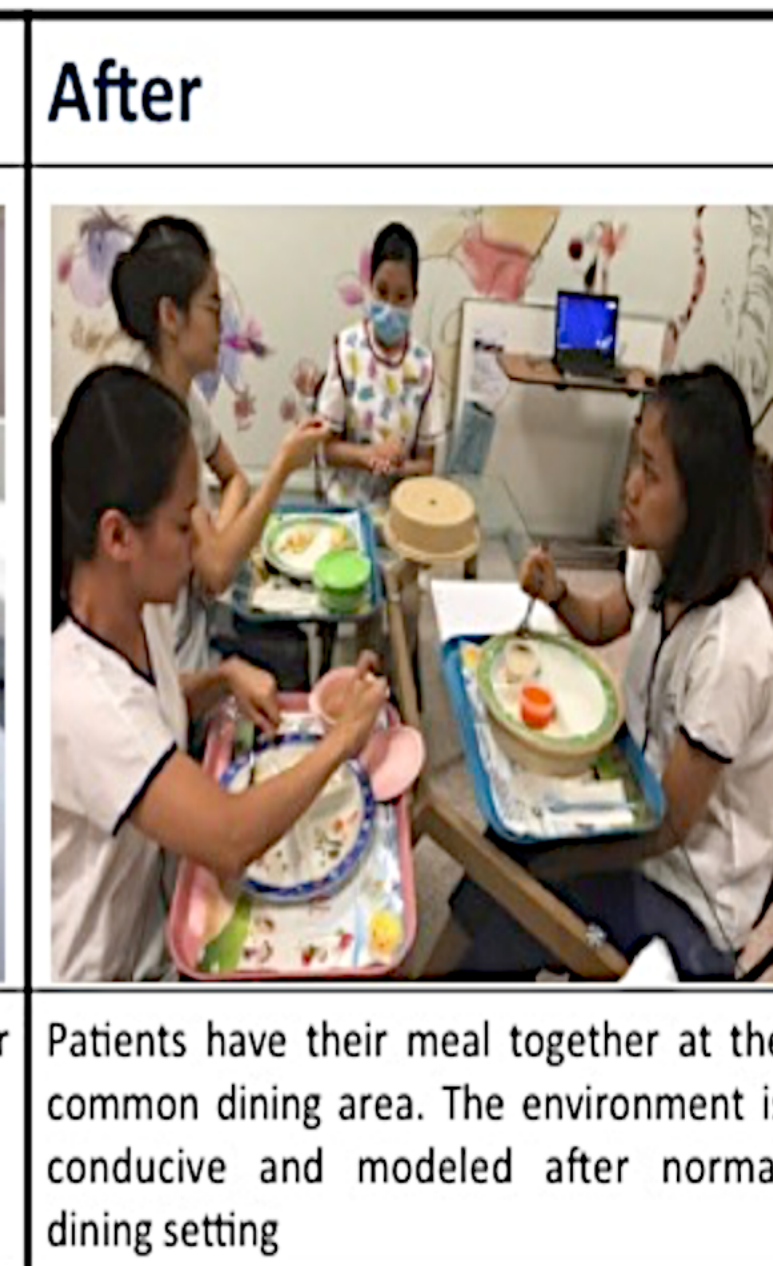

INTERVENTIONS

Initiatives to identify the issues of excessive time and man-hours spent for meal supervision and use of manpower were:
• Cohort all ED patients' meal plans into a common file to facilitate checking (Picture 1);
• Having group meal supervision in a common room instead of individual bedside meal supervision (Picture 2).

Picture 1

Before	After
Patient's meal plan are clipped on their individual case file. Nurses spent time locating for the case file and waiting its availability.	The common file is placed at a designated location for ease of checking, and to ensure that the patient receives the correct meal.

Picture 2

Before	After
Patient is supervised individually, at their bedside.	Patients have their meal together at the common dining area. The environment is conducive and modeled after normal dining setting

RESULTS

The post-implementation data showed a significant reduction in meal supervision time from an average of 278 min to 121 min (improved by 56%). Man-hours were also reduced from an average of 408.5 min to 197.8 min (improved by 51%), as fewer nurses were required to complete the same task (Figure 3). Aside from timely completion of meals, there was no report of hiding or throwing away of food, therefore no top-up of meal supplement was required (Figure 4). 81% of the ED patients rated "strongly agree and agree" that they enjoyed the company eating in a group and it makes them feel motivated to complete their meals (Figure 5).
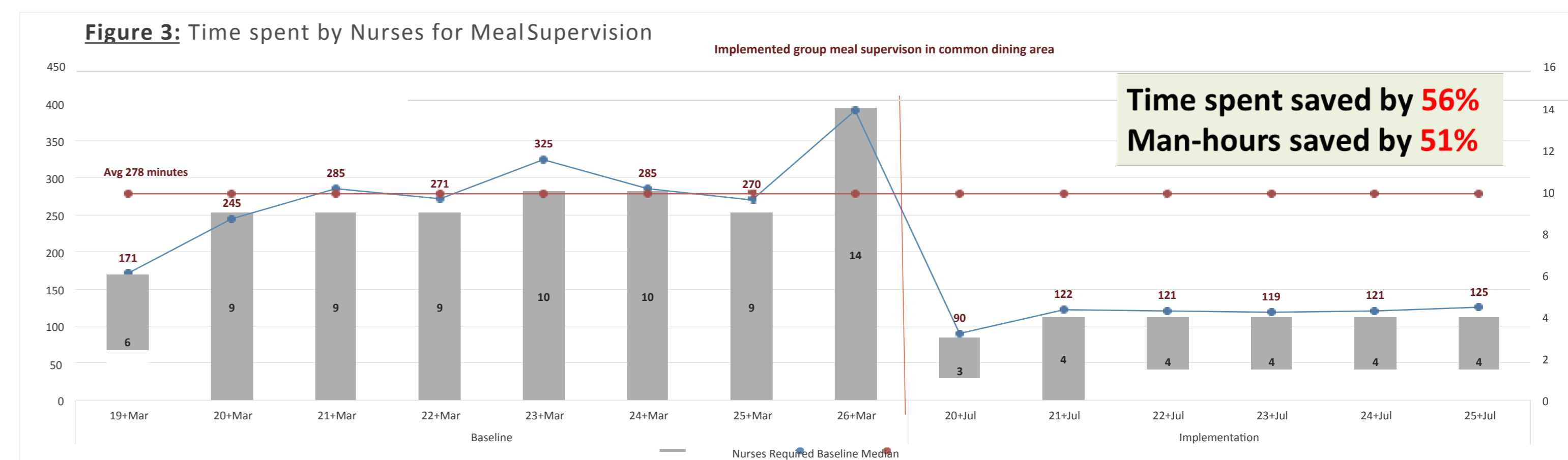

Figure 3: Time spent by Nurses for Meal Supervision
Time spent saved by 56%
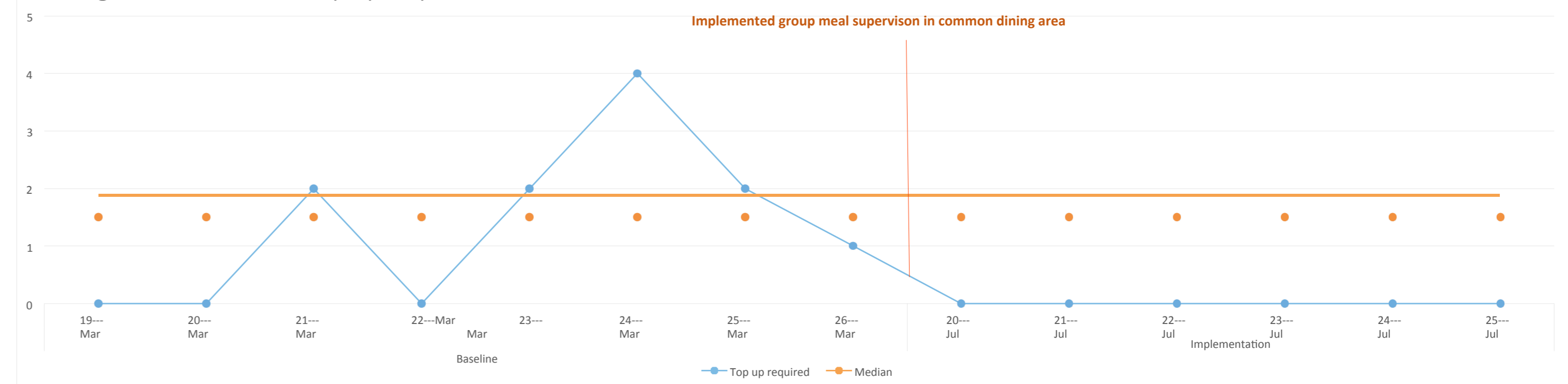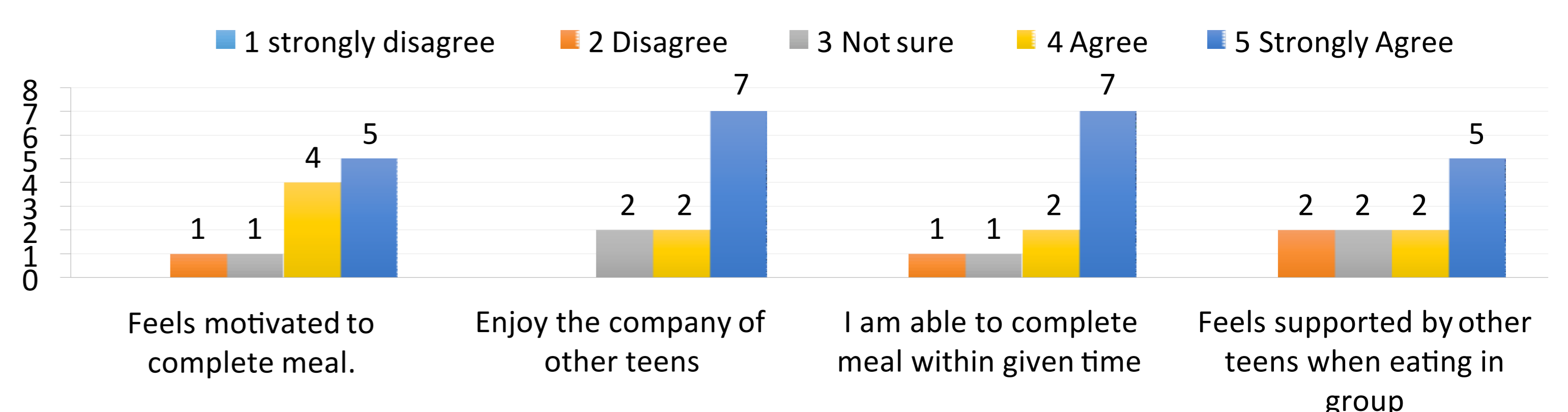Man-hours saved by 51%

Figure 4: Number of Top up Required

Figure 5: Patients' Experience about having group meal

CONCLUSION

This nursing initiative had shown positive improvement in reducing time and man-hours, thus improving efficiency in meal supervision process for patients with Eating Disorder. The quality of nursing care has greatly improved, and patients were motivated in completing their meals in a group setting, which accentuated their meal experiences and raised their confidence level.