

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

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## Background

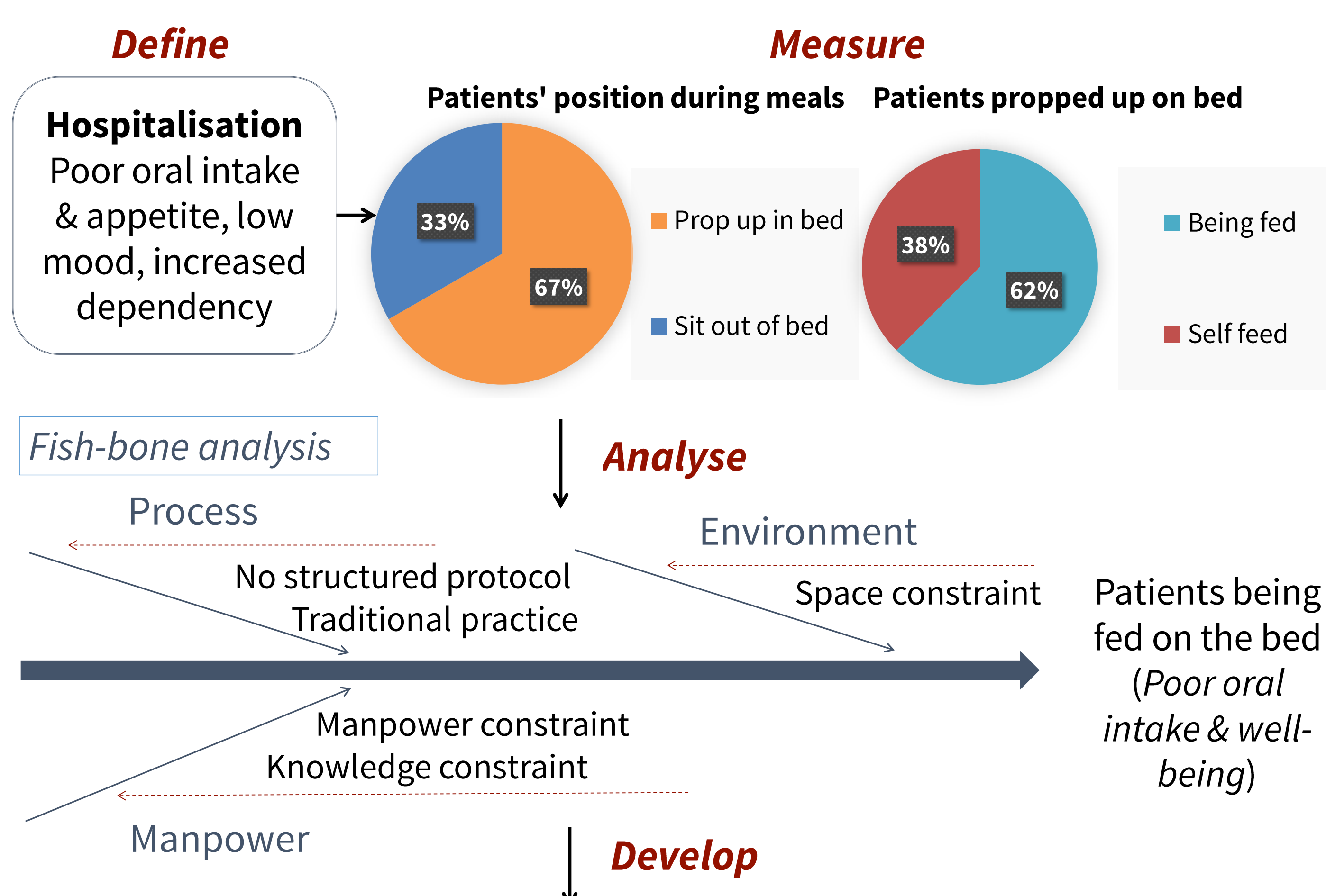
Elderly patients are at high risk of low oral intake during hospitalisation. Studies have shown promising results on food intake in the elderly when they eat with others. However, elderly patients in acute wards often have their meals on bed and are fed by hospital staff who face time and manpower constraints.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

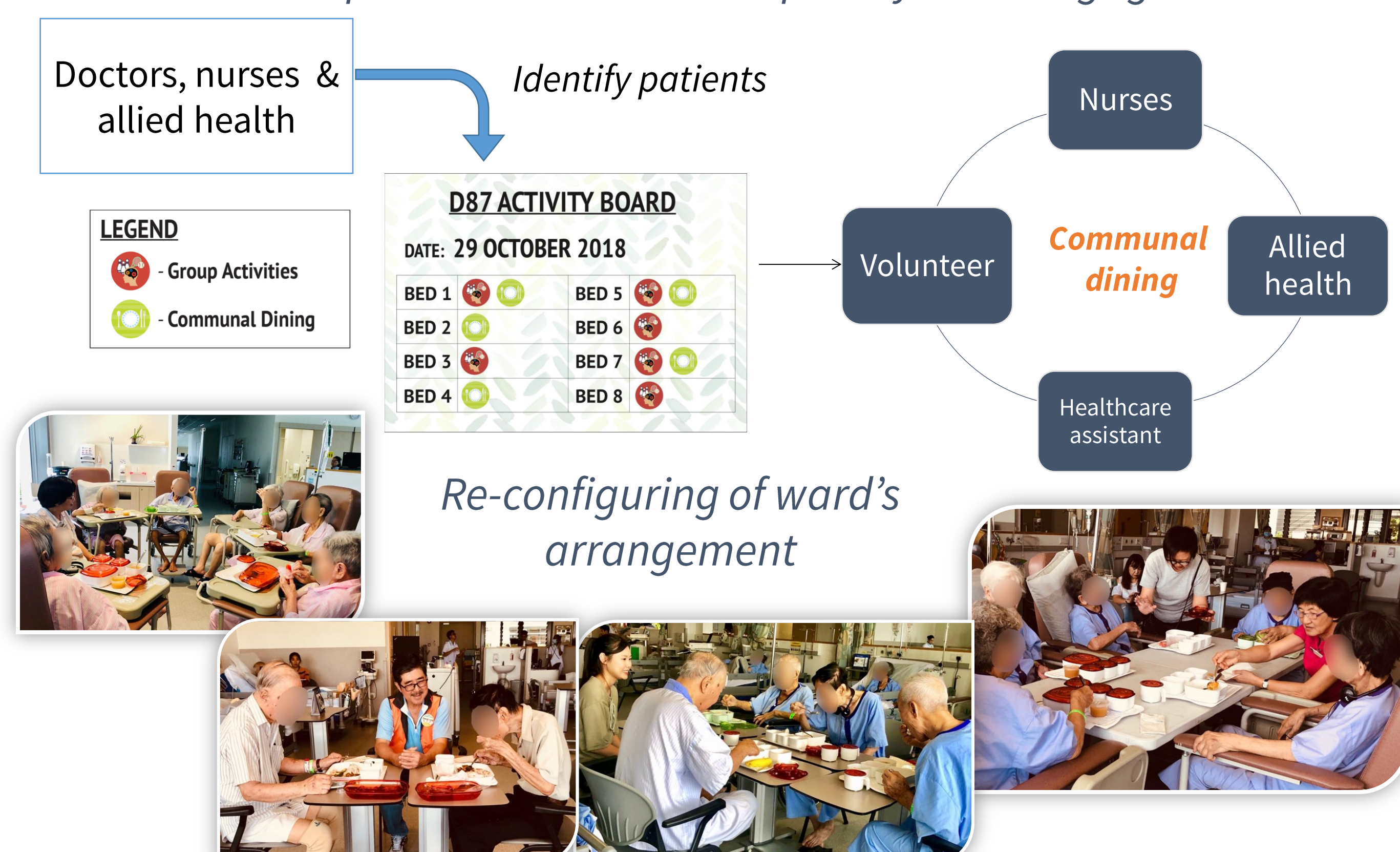
## Methodology

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



**Communal dining:** Patients sit out of bed to have lunch together with other patients in a more social & interactive ambience

*Structured protocol and multidisciplinary team engagement*

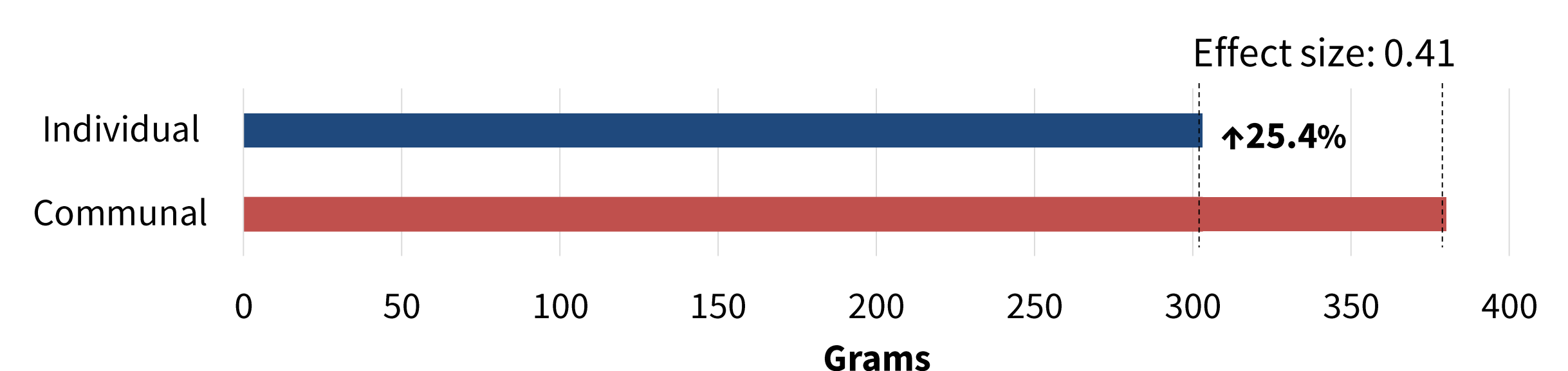


## Results

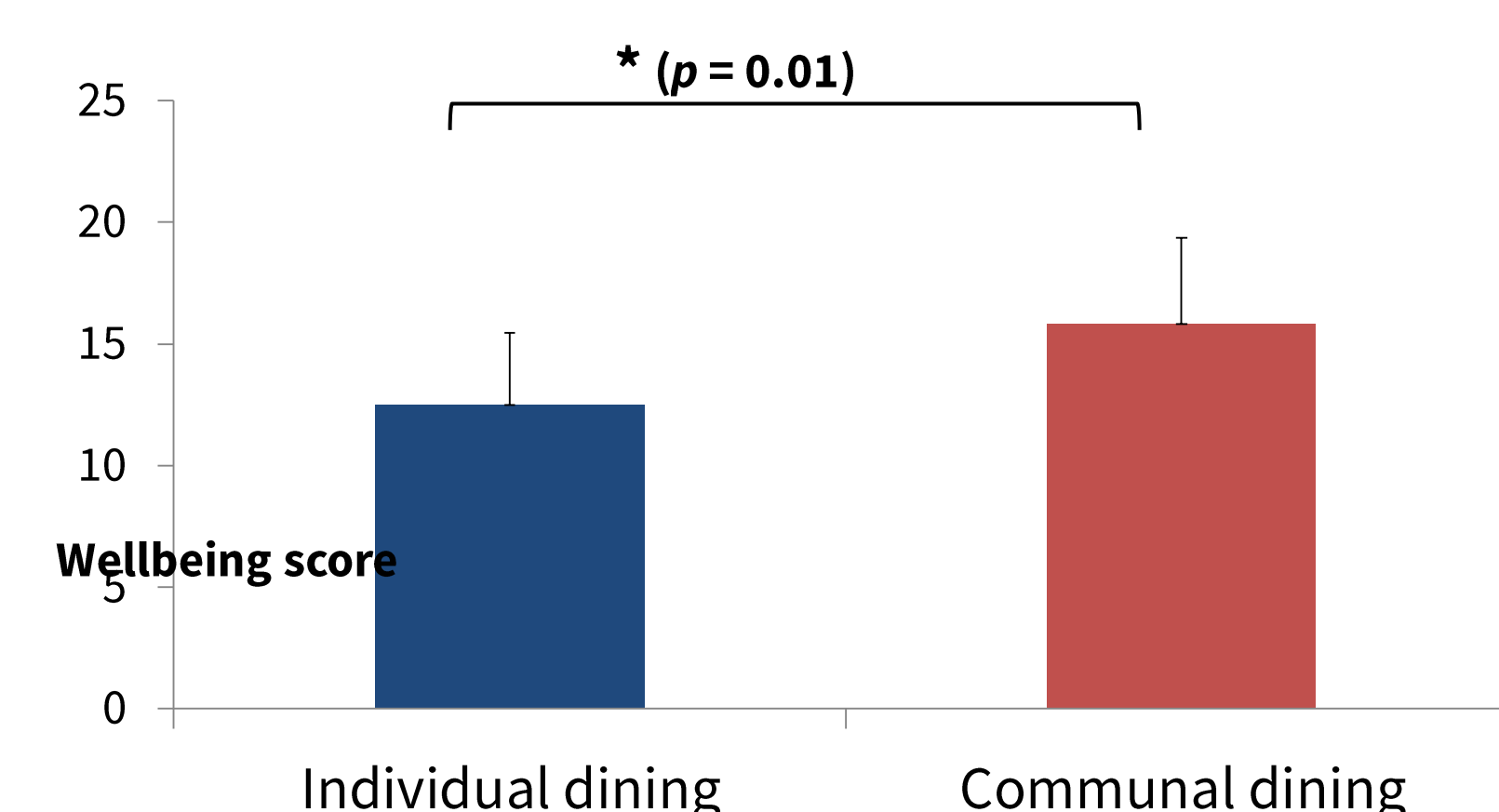
### Validate

Communal dining was implemented in the ward D87 in November.

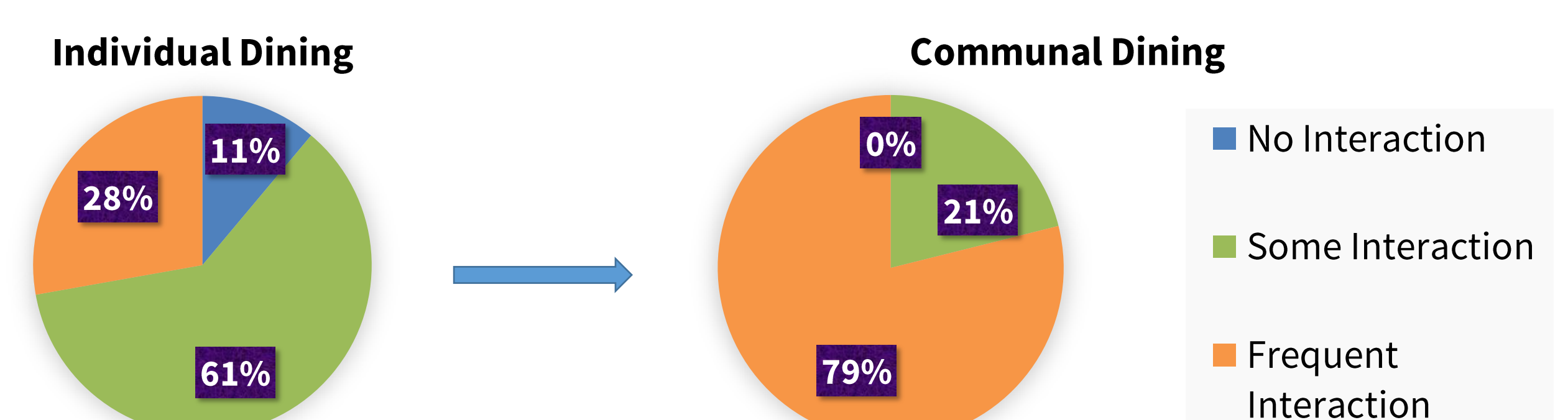
### Food intake



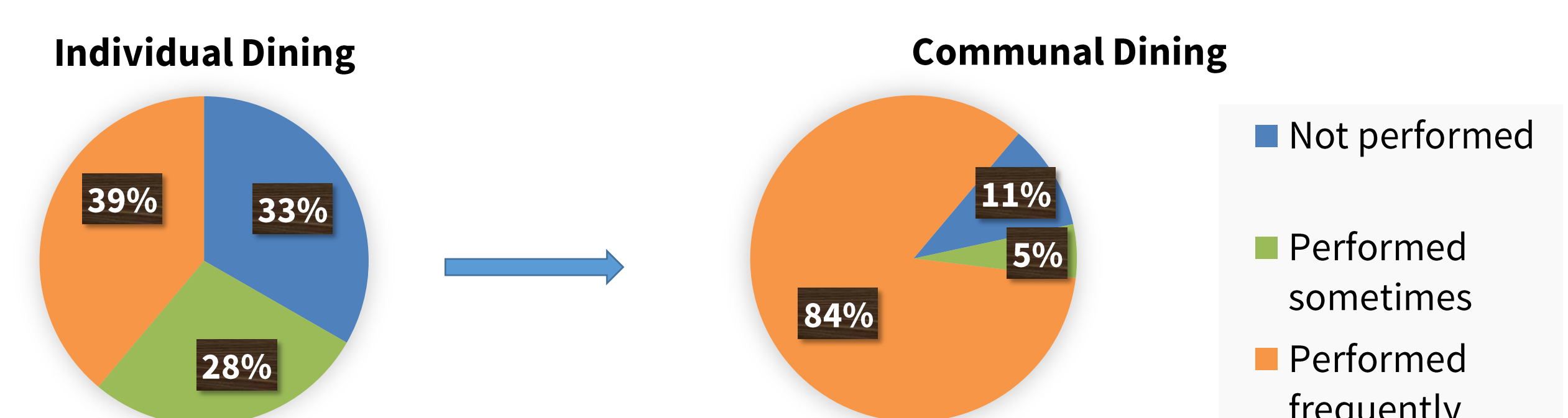
### Well-being Score



### 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.