Senior Behavioral Health Unit Nutrition Project

Beth Israel Deaconess Hospital- Plymouth

Introduction/Problem

- ➤ The majority of food delivered (60%) to patients on the Senior Behavioral Health Unit (SBHU) at meals & nourishments was not consumed by patients, many who were malnourished or at risk for malnutrition. This resulted in staff frustration due to unnecessary time spent preparing foods at meal time, requests for additional trays as well as food waste.
- Supplements provided to patients were not always consumed, resulting in an ineffective nutrition plan of care for some and unplanned weight loss of 35% on the unit when reviewed. Nursing documentation of supplement use was also found to be inconsistent.
- Additionally, patient safety concerns regarding tray presentation were identified via the Event Reporting system.

Aim/Goal

The goal is improved food consumption at meals & nourishments to the target of 65% within 6 months. Goal outcomes are for decreased weight loss, improved supplement consumption, accurate nursing documentation, decreased time spent preparing trays and decreased food & waste.

The Team

- Staff SBHC, Food Service Staff & Supervisors & Registered Dietitians BID-P
- John Coveney, Food Service Director
- > Eve Masiello, LICSW, Admin Director
- Jena Hanlon, RDN, Registered Dietitian
- > Diane Kemp, RN , Nursing Director
- Sherrie Hughes, NP, Medical Service
- ➤ Jennah Mahler, Lean Facilitator
- ➤ Carol Burns, RDN, MS, Nutrition Services ➤ Dennis Coates, Lean Coordinator
- Patricia Moran-Nye, RN, SBHC Team Leader
 Ellen Leahy, RN, Quality Improvement Specialist

The Interventions

- > Tray Line Time Out: for patient safety, provision of safe tray items only
- Data Collection Tool: for nursing documentation & information for dietitians nutrition care plans
- "Super cereal": Implementation of high calorie, high protein hot cereal for patients as part of menu revisions for more appropriate, easier to eat foods
- > Soft, Finger Food Diet: Allows for more patient independence, ability to feed self with less staff time providing assistance at meals cutting & preparing food

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Interventions (continued):

- Revision of Floor Par Stocks in nourishment kitchen: to minimize waste & ensure appropriate foods available
- Team Building: Improving patient care while providing staff satisfaction, minimizing frustration & building relationships among interdisciplinary staff

Results/Progress to Date

- Reduction in unplanned weight loss (2%) from 35% to 16%
- Increased nutrition supplements consumed by patients from 53% to 83%.
- Improvement in foods sent to patients & consumed at meals from 60% to 72%
- Reduction in nutrition supplement sent per tray from 10 to 2 per meal
- > Reduction in additional in-between meals nourishments from 188 to 78/month
- Cost saving in unnecessary time spent in Diet Office, on Tray Line
- > Cost savings with staff time spent at meals helping with tray preparation on unit
- Par Stock reflects appropriate foods delivered to SBHC
- > Decrease in Event Reports with improved patient safety









Lessons Learned

- Importance of involvement of the team for achieving progress & outcomes
- Focus on targets & goals versus trying to solve issues as project continues
- Importance of communicating plan to all staff (nursing, food service & dietitians)
- Importance of time management during meetings and assigned tasks
- Value with potential to trial on additional units (Acute Care of The Elderly Unit)

Next Steps

- > Continued data collection
- Computerizing nursing documentation
- Utilization of "Super cereal" through out the hospital as a high calorie, high protein food option for patients
- > Monitor need & reason for additional trays sent to the SBHU
- Encourage use of Soft, Finger Food Diet on SBHU to reflect patient's needs
- Celebrate success!

For more information, contact:

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