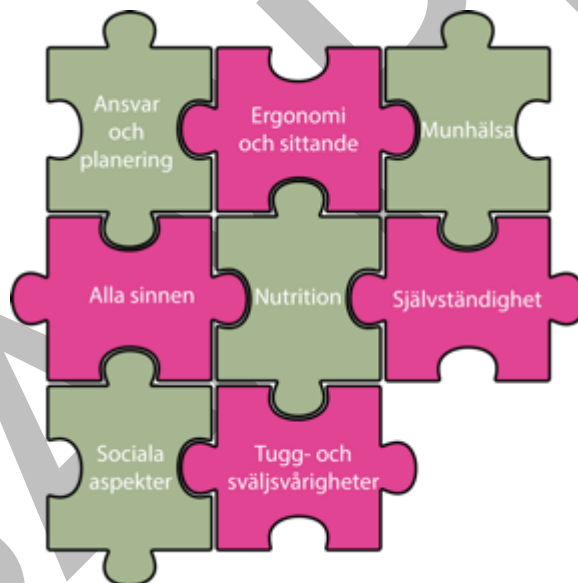


Report MQi

Nursing and elderly health care facilities XX

MONTH 2015



A measurement of the quality of care during the meals at nursing homes and care facilities.

About MQi - Mealtime Quality Index

How do you measure a good mealtime situation? What is a good mealtime situation exactly? We have developed an index that offers you a unique opportunity to see what level your institution ranks, purely based on quality. Based on well-grounded inquiries from an all-around perspective you get a quantitative understanding of the institutions', staffs' and individuals' opinion and view of the mealtime situation.

Our mealtime philosophy Måltidspusslet® (Mealtime puzzle) is originally for MQi which measures the extent of the efforts made to improve the quality in the mealtime situation. Additionally, we have used research based on both Swedish and International guidelines for quality indicators regarding the meal. The index is based on questions that are essentially directed to health care staff and patients through an IT based solution. As a minimum we recommend that at least 10 people from each group answers the survey. Today MQi is most suitable for nursing homes and health care facilities but can be adapted to suit care assistants, home healthcare institutions or group homes. Results of the survey will be summarized and presented in a report along with a brief analysis and suggestions.

The purpose of MQi

The purpose of the quality index is broad and takes the quality of health care facilities' mealtime situation for the elderly and disabled into consideration. This does not apply for everyone, only individuals that in some form have a need for a healthcare facility. The difference to Senior Alert, which is based on the MNA tool, is that it only observes the aspect of nutrition and the FAMM-tool originates from both a production- and a logistical point of view regarding the meal. MQi has the individuals' view taken into account in all the different topics that are required for a full mealtime experience, for instance; sitting, visual impression and how much the staff is involved in the individual's needs.

Pilot

This sample report is based on a pilot survey in a health care facility. Sometimes some questions were unclearly answered or completely unanswered. The result is a summary and only gives an indication for the institution as a whole. For individual and specific follow ups the MEOF instrument is recommendedⁱ.

Application

Establishment: XX Nursing home/elderly care facility, Stockholm

Two somatic departments.

Number of participants: 6 staff and 10 residents, a total of 16 participants.

Date of survey: DATE 2015

Results

The maximum result in this index is 100, all questions weigh the same.

Average MQi: 83

Average staff index: 84

Average residential index: 82

Area	Residents	Staff
Responsibility and planning	70	64
Independence	70	84
Ergonomics, sitting	54	77
Oral hygiene	74	83
Nutrition	83	83
Social aspects	78	75
All senses	90	90
Chewing and swallowing difficulties		79

Comments regarding each quality area

Responsibility and planning

How well does the planning, communication and cooperation work between all the involved personnel groups concerning the meal? The inquiries refer to the cooperation, individual participation, personal responsibility, coordination and monitoring. Who is leading the project? Who is participating? How are improvement strategies defined and how are they monitored? Input - responsibility - time - follow-up.

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Independence

Independence during the meal can be very important for an individuals' integrity and self-esteem. Encourage, support and challenge the individual: what movements can they perform independently? When and/or where is support needed? Discuss independence with the individual - what is important? How active can the individual be? What can we do to have the individual be engaged and participate? What can we do to encourage initiative?

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Ergonomics and sitting

How does the individual sit by the dining table? The sitting position is not only important from an ergonomic perspective, but can affect how interactive the individual may be during the meal. The further away one is seated from the table, the less likely it is that they will be interactive during the meal. Research shows that approximately 50% of the ones who have eating difficulties are incorrectly seated by the dining table. Occupational therapists are extra focused on transportation and movement of a patient but are also able to be focused on the sitting position during the meal as it is an entirely different situation.

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Oral hygiene

That the patient is able to go to the toilet, wash their hands and cleanse their mouth before he/she eats is significant according to the Swedish Board of Health.

Oral care; meaning brushing your teeth, the cleaning of the oral cavity and treatment of dried up mucus occurs conveniently several times per day. Bacteria-rich saliva can develop the advance of pneumonia, amongst other things. How and when will oral care occur in connection with the meal? What routines are there and what routines are there and do they need to be reviewed? Is the patient using dentures that may need to be cleaned prior to the meal? Are there any reasons to suspect dysphagia? (Dysphagia = difficulty chewing and swallowing)

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Chewing and swallowing difficulties (staff only), INDEX: 79

Nutrition

Several studies show that the prevalence of undernutrition is higher with the ones who need assistance eating, in comparison to the ones who can eat independently. Several patients need food with an individually adjusted energy and nutritional content. Who is responsible for the nutritional planning? How can we establish a nutritional meal and deliver nutritional snacks? What do the logistics look like between the production of the food and the serving of it?

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Social aspects

We are all different when it comes to our needs and abilities to social interaction during meals. For some meals you may prefer to eat by yourself, you may need to be alone and concentrated to be able to eat your food. In other situations it is the opposite and you would like to eat together with others. How does the social aspect in connection to the meals look for you? How can you make the mealtime more socially appealing? What meals are more important than others when it comes to the social aspect? How can you avoid distractions or a negative atmosphere with your peers? What possibilities are there for chatting and meaningful conversation during the meal?

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Addressing all the senses

All our senses are or can be positively affected during a meal and can equally enhance the experience of the mealtime situation.

The visual impression of a meal: What can be done to organize and present a meal in an attractive way? Lighting? Table setting and presentation of the actual meal?

Hearing impression: What positive sounds can contribute to the appetite? For instance, music, frying, rippling? Is there a lot of noise in the room during the meal?

Smells and aromas: What smells can form during the preparation of the meal? Can the individual participate in the cooking of the meal that may stimulate their appetite? Are there things that could smell bad and should be avoided during the meal?

Taste and touch: How do the different parts of the meal taste? Texture and consistency? What flavour combinations are there to vary between? Sweet-sour, salty-bitter. How can you bring a variety of flavour in the different parts of the meal?

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Additional comments

Spontaneous comments that came up during the interviews with the residents:

1. I would like to sit alone
2. The treatment from the staff depends on one's own behaviour
3. It is nice when the staff sits with us at the table.
4. I get help cutting food and sometimes I get fed.
5. Hoping to get BBQ'd food, garlic and more spices.
6. The staff usually sits down with us when we eat, but many times they need to run when the alarm goes off.

Reflection of the result

An overall MQI result over 80% is a very good result and suggests that the mealtime situation has been prioritized and worked with in different ways. High results in the subsections "all senses" and "nutrition" probably reflect the clear focus and direction of the establishment. Possibilities of improvement lie in areas such as "responsibility and planning" as well as "ergonomics and sitting". Something worth reflecting over is

how differently the term “independence” is understood, how it is perceived in one way for the staff and another for the residents. Why is this? A follow-up a discussion with the staff is recommended, there is also a possibility for individual observation and interviews, the staff will be offered an instructional course and information about areas of improvement and so on.

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ⁱ MEOF - Minimal Eating Observation Form