

OUT for lunch: communal mealtimes on Geratology wards

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AIMS STATEMENT

To establish a communal dining area for patients to eat lunch and improve the patient experience of admission to ward CMU-C for current inpatients by the end of July 2019.

INTRODUCTION

Social Dining: On the Geratology wards at the John Radcliffe Hospital, patients eat their meals at their bedside as there is no facility for communal dining. As a result, there is limited or no social interaction with other patients on the ward. We aim to change this by establishing a communal dining area and encouraging patients to eat their meals in a dedicated dining area.

Communal mealtimes for elderly inpatients have been shown to have numerous benefits for physical and psychological health, including increasing nutritional intake (Wright et al., 2006; Walton et al., 2013). We anticipate that encouraging patients to sit out together for mealtimes will improve nutritional intake and social stimulation for patients, support a return to a 'normal' routine, and reduce complications associated with prolonged bed-based immobilisation.

Loneliness: Loneliness in older people is a growing problem, with charities such as Age UK predicting a 49% rise in loneliness in those aged over 50 in the next 10 years, resulting in over 2 million people in the UK who feel lonely 'most of the time' (All the Lonely People report). Self-reported loneliness has been previously identified as a predictor of the development of dementia and other adverse health outcomes (Holwerda et al., 2012), although the direction of causation is yet to be established.

Our primary objective for this project is to improve patient experience of admission to a Geratology ward by encouraging patients to sit out together for mealtimes.

LONELINESS IN INPATIENTS

Stage 1: an audit of loneliness on a male Geratology ward (CMU-C) at the John Radcliffe

Loneliness was measured in patients using the UCLA Three Item Loneliness Scale (scored from 3 to 9, with a score of 6 or above signifying 'loneliness').

Results: Mean patient age of 77.8 (n=22). The mean loneliness score was 5.4 out of 9 (range 3-9). The distribution of responses to individual questions on the scale are shown in **Figures 1-3**. 10 patients (45%) scored 6 or more, suggesting that nearly half the patients on the ward are clinically lonely (**Figure 4**). This is similar to the proportion of people over 50 in the community found to be lonely using the UCLA scale during Age UK's latest national study (47%) ('All the Lonely People', 2018). This suggests that admitting older people from relative isolation in their own homes to a shared environment such as a ward does not in itself reduce loneliness.

Therefore if we are to reduce loneliness for inpatients, our focus must be on the quality of experience and interpersonal engagement within the ward environment.

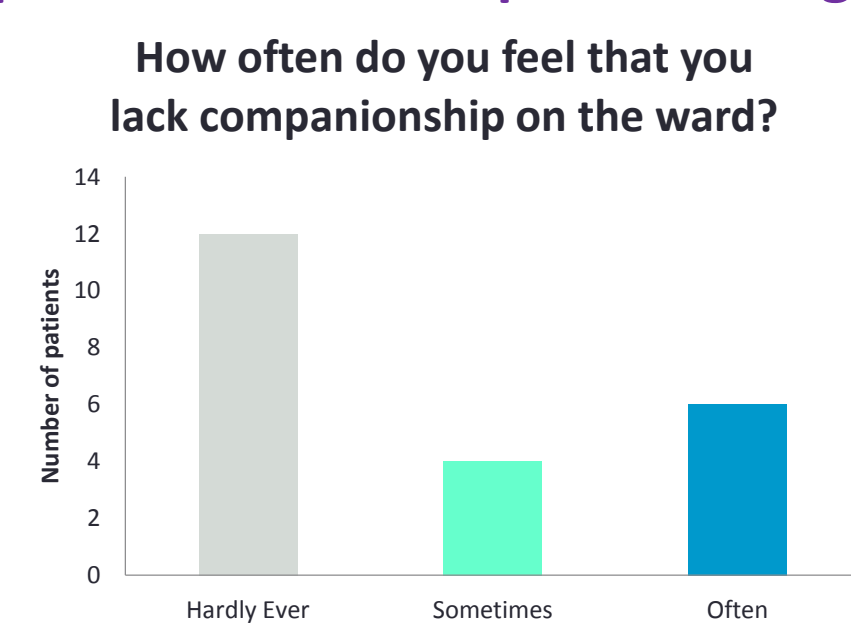


Figure 1: UCLA Scale Item 1 Responses

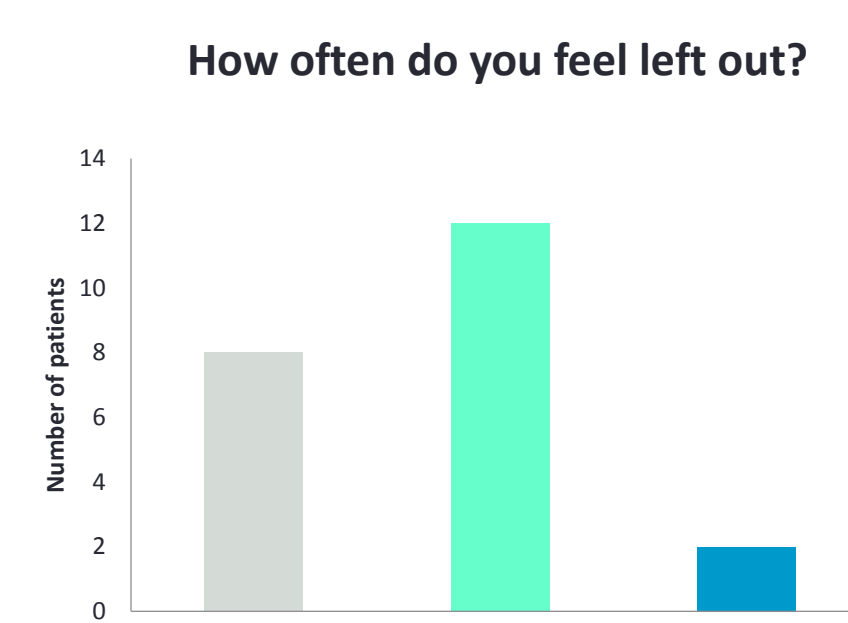


Figure 2: UCLA Scale Item 2 Responses

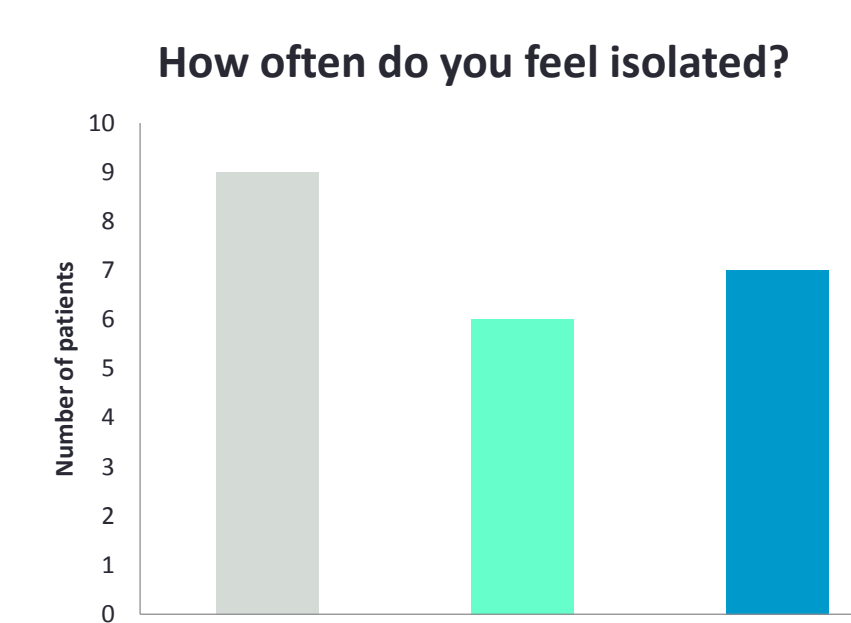


Figure 3: UCLA Scale Item 3 Responses

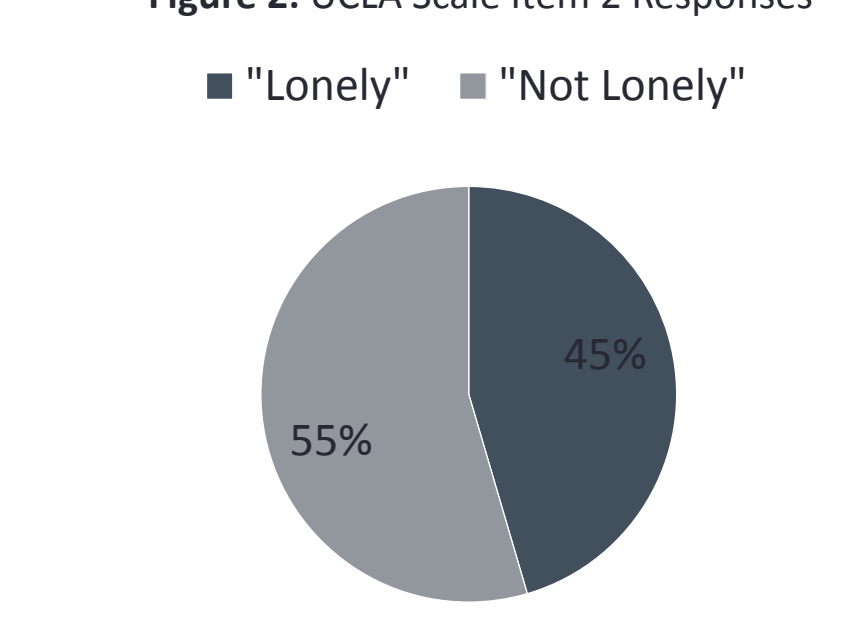
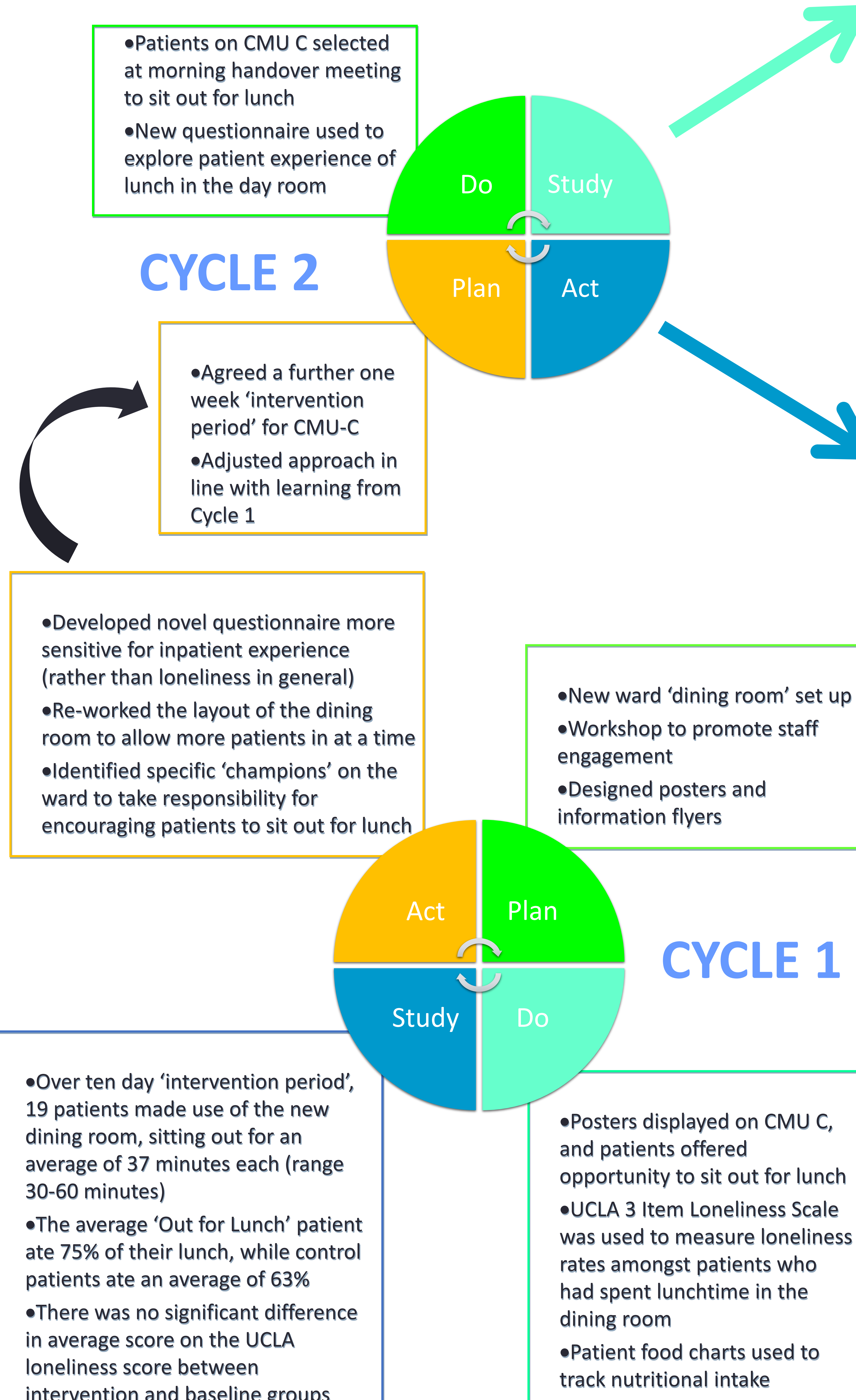


Figure 4: UCLA Loneliness Scale Outcomes for CMU-C Patients

PROCESS



ONGOING WORK

- Data collection for cycle 2 is ongoing, using a four question tool to capture patient experience of communal mealtimes. Patients are asked whether they agree with, disagree with, or are uncertain regarding each of the following:
 - The day room allowed me to talk to more people.
 - I enjoyed using the facilities in the day room.
 - I prefer to eat my meals in the day room.
 - Sitting out in the day room has improved my experience on the ward.
- Patient involvement:** The new questionnaire includes an open ended question asking patients for their thoughts and comments on sitting OUT, which is allowing us to collect qualitative patient experience data.
- Other areas:** we will collect incidence data for falls, delirium and aspiration pneumonia for our 'intervention' ward and control wards to explore other potential benefits of greater patient mobilisation and social engagement

NEXT STEPS: SUSTAINABILITY

We are passionate about this project and its potential benefits for older inpatients. Our next steps will be aimed at cementing sustainable change and building a platform for growth by raising awareness and promoting engagement amongst those who can carry the project forward beyond the medical staffing changeover in August:

Presentation at Regional Geratology Governance Meeting

Our project was selected for presentation at the regional Geratology Governance meeting on 12th June. This allowed us to engage with wider cohort of geriatricians from different clinical areas across the region. It helped us identify new areas to which we might be able to extend our intervention.

Core Workstream in Medicine

We have worked closely with the matron for Acute Medicine throughout this project, and have benefitted greatly from her enthusiasm and support. This project has become one of the 'Core Workstreams' for the Department of Medicine.

Appointment of 'Activity Co-ordinators'

'Activity Co-ordinators' are currently being recruited for CMU wards. This is a new role that will take responsibility for getting patients sat out in the Day Room for lunch and other activities. These will be permanent staff members on the wards, and they will provide continuity and stability for the project going forwards.

REFERENCES

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