Transferring Older Hospitalized Patients Out of Bed to Chair at Meals: How Easy is It and Does it Matter?

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Introduction
- Malnutrition common in older hospitalized patients
- Associated with hospital complications and increased LOS
- Best practice for patients in chair at meals
- Unknown adherence to this practice
- Unknown impact on meal consumption

Objectives
- On an Inpatient Medicine/Acute Care Elderly Unit
- Identify the prevalence of eligible patients transferred out of bed to chair at meals
- Compare the percentage of meal consumed when in bed versus in chair
- Describe the staff workload associated with transfer of patients from bed to chair at mealtime
- Describe barriers to staff transfer of patients from bed to chair for meals

Method
Design: Quality Improvement with point prevalence at different 3 times:
Setting: Inpatient Medicine/Acute Care Elderly Unit
Subjects:
- Inclusion Criteria:
  1. Inpatient admitted to ACE Unit
  2. Age of 55 years or older
  3. Minimum activity ordered for out of bed
- Exclusion Criteria:
  1. NPO diet order
  2. Activity order of bed rest
  3. Tube feeding diet order
  4. Active nausea and/or vomiting
  5. Patient is off the floor for test during meal delivery

Variables: Meal position; meal consumption; staff perceived barriers, staff accuracy of meal consumption, staff workload for patient transfer

Data Collection: Chart audits, direct observation, staff surveys

Intervention
1. Educate staff on the importance of getting patients out of bed while hospitalized.
2. Educate/Reinforce transferring techniques from bed to chair. Include the use of transfer devices.
3. Initiate a staff created reminder system for getting patient’s in chair prior to meal delivery.
4. Staff will NOT be informed that meal consumption record reviews will be conducted to eliminate skewed data

Average Percentage of Meal Consumed n=235/270

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Bed</td>
<td>51.41%</td>
<td>49.19%</td>
<td>48.82%</td>
<td>49.96%</td>
</tr>
<tr>
<td>In Chair</td>
<td>72.03%</td>
<td>69.64%</td>
<td>67.82%</td>
<td>69.79%</td>
</tr>
<tr>
<td>Difference</td>
<td>20.62%</td>
<td>20.45%</td>
<td>19%</td>
<td>19.83%</td>
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</tbody>
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Accuracy of Staff Meal Consumption Assessment ±7%

Barriers to Patients Not in a Chair for Meals n=56/180

- Pt Sleep 2%
- Staff did not offer 11%
- Bedbound 7%
- Additional Assist Needed 2%
- Staff did not offer 11%
- Nurse Judgement 4%
- Pt Refused - Pain 30%
- Pt Refused - General 30%
- Pt Refused - Meal not due to N/V 14%

Conclusion
- When staff reminder system in place, > 50% of patients in chair at meals
- Patients consume more when in chair
- Staff reminder system is sustainable
- Staff workload for meals transfers of hospitalized elders is manageable
- Barriers to patients not in a chair during meal was addressed
  - Nurses assess for patient’s pain 30-60 minutes prior to mealtime
  - Scripting established on admission and prior to meal to encourage patient adherence

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