Lunch Club - Quality Improvement Project

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- What - Providing lunch in a group setting instead of individually at bedsides
- When- Two lunchtimes a week
- How- A MDT project involving all hospital teams

Key patient outcomes
- Improved social interaction
- Improved satisfaction
- Increased physical activity
- Potential to eat more in social setting

Key staff outcomes
- Improved satisfaction
- Reduction in wasted time for hotel services
- Nursing staff freed up for lunch breaks

Key challenges
- Staff adapting to changed routine
- Meeting infection contol requirements
- Communication between teams
- MDT engagement

Background

From August 2023 – October 2023 Milford Inpatient therapists carried out a review of the frailty literature (gettingitrightfirsttime.co.uk)

Purpose of Review:
Ensuring we were providing an up to date evidence based service
Improve understanding of the frailty guidelines for the whole team
Highlight what we are doing well
Highlight areas for improvement
Improve team working within the therapy teams
Practice clinical analysis skills

Outcome of Review:
Frailty Patients identified
They felt isolated in hospitals
Lack of social interaction

The team considered what meaningful change could be made and this resulted in the Quality Improvement Project called Lunch Club.

The Challenge

Issues:

Review of national guidelines: Get It Right First Time highlight patients with frailty are feeling socially isolated in hospital

Currently all patients sit on their own by their bedside or in bed to eat their lunch

Goal:

For all patients in each ward to eat lunch together once a week in the day room and for this to be an established routine in 6 weeks.

To increase the amount of physical activity each patients engages in.

Measures:

Patient satisfaction questionnaire

Number of patients that dine together at lunchtime per week.

Wouldn't it be great if:

All staff understood the value of patients well-being and importance of social interaction and worked together to make lunch club happen.

There was more efficient lunch provision for staff

In scope:

Patients and staff who are able to work together to make this happen.

Focus on 1 mealtime: lunch

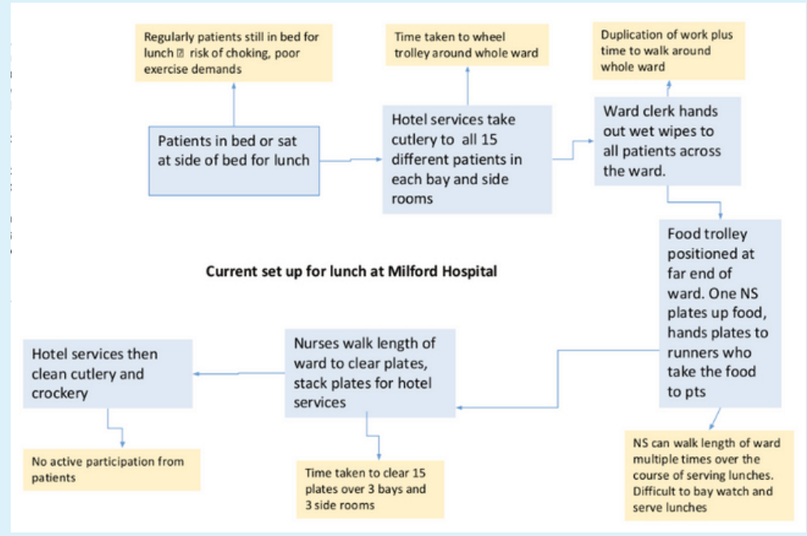
Out of scope:

Infection control resulting in the stopping of lunch club due to an infection or risk of infection.

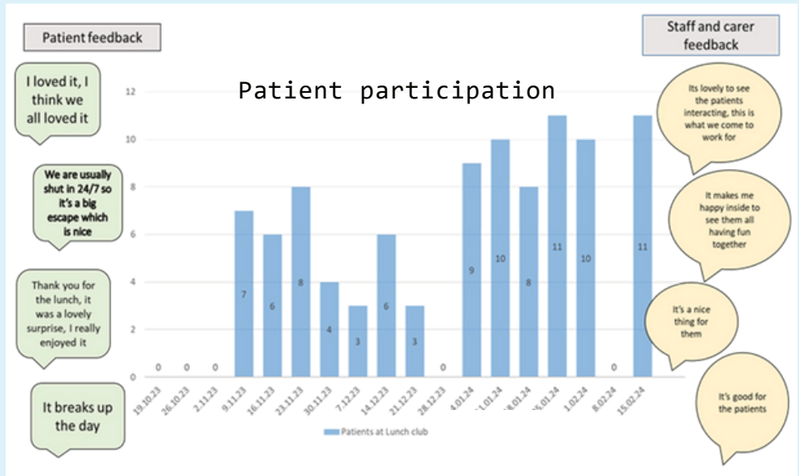
Breakfast and dinner

Patients who are medically unwell or pose an infection risk.

The Problem - Lunch Prior to QI Project



Results



Conclusion

Lunch Club is a simple way of contributing to improving social interaction and patient reports of isolation in hospital settings. By using a formal quality improvement model, it identified there were more benefits other than patient social interaction, including time and motion savings for staff serving and clearing up from lunch, increase in physical activity for patients attending and staff satisfaction due to seeing patient enjoyment.

The difficulty with any new initiative is how to make it sustainable. The next step is to ensure sure Lunch Club continues to run weekly consistently. It would also be beneficial to explore the anecdotal reports that attending lunch club could increase amount of food the patients who attend eat.

References

Hopper, A. (2021). Geriatric Medicine GIRFT Programme National Specialty Report February 2021 GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust, NHS England and NHS Improvement 2. [online] Available at: https://gettingitrightfirsttime.co.uk/wp-content/uploads/2021/09/Geriatric-Medicine-Sept21h.pdf.

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