

# ***Better*** **HOSPITAL FOOD!**

– How to increase the quality of the meals at Swedish hospitals

A report from:

kost  näring

Translated by: Sanna Lundberg



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# Summary

Our conclusions of this project are that education and communication are the most important factors for a positive dining experience for the patients at the country's hospitals. On the units where the message gets through, they have an open dialogue between the nursing wards and the kitchen. One success factor seems to be when the production incorporates both a dietician and a food economist, and the nursing wards have someone in the staff that is responsible of the diet. The level of education is generally strikingly low in the units. One does not see the connection between good nutrition and recovery.

We have also noticed that incredibly much is done in the hidden. There are many on-going projects out in the rest of the country, which are similar to each other. The problem is that it does not spread to others, either within or outside the unit.

We have determined that generally good food is served, that is not the issue with the hospital food. When discussing the problem with hospital food, usually focus is on what is on the plate rather than looking at factors that have a greater impact, for example competence, attitude and surroundings.

A nutritious meal is of course a mainstay of good hospital food. We have observed the nutritional value through some randomly selected samples, and found that in some cases it does not correspond to the determined serving. When analysing risks of the patient's nutritional status, this has consequences because the patient will not get the nutrition that it so badly needs, considering the recovery and comfort.

Based on what we have seen, there is much you can do without having to add more financial resources. A significant change and improvement would be if diet and nutrition were included in the curriculum for all types of educations within healthcare. It should not be optional, as it is today. Subsequently, nutritional education should be a natural part of the in-service training of the nursing staff. It should also be mentioned that dieticians are a very good resource, they are in place and they have a high level of expertise.

# Conclusion

## Factors of success

- Education; knowledge, comprehension
- Good food with options enabled
- Treatment
- Cooperation
- Communication
- The presence of a dietician, at the nursing ward and at the nutritional unit
- Involvement with broad support
- Support from the management

## Great examples

An important part of the assignment was to draw attention to good examples, which in return may motivate more hospitals to improve the entire food situation. During our visits we have seen many examples of the good work that unfortunately does not spread further - this seems to be a self-deprecating tendency.

We have decided to pick out three examples that stand out positively, with good education, a comprehensive nutritional program, and pedagogical material for educational purpose.

### Ystad

Solid and extensive education in diet and nutrition for all categories of nursing staff, covering the entire hospital, a decision made by the management. The program is developed in collaboration with a dietician, food economist and nutritional manager.

### Växjö

Well thought-out nutritional program covering the entire hospital, with support from the hospital management and in close collaboration with dietitians and the nutritional unit.

### Katrineholm

Educational brochure with diets wished for. Images and content with instructions for the kitchen and the nursing staff, and well illustrated for the patient to choose from. A bank of recipes thoroughly tested and determined to

be valid for all units within the county, with the purpose to assure the quality of patients' food.

If we were to decide...

After accomplished visits to the various hospitals, we can confirm that the following - relatively easy - steps can help to improve the food situation significantly.

Kost & näring, The Swedish Association of Dieticians wants:

**Nutritional education for the entire nursing staff:** doctors, nurses, assistant nurses, speech therapists, etc. An understanding of the medical effect food has on certain medical conditions. Reckon the financial results of what it would cost to not use the proper nutritional treatment. The great effect that food has on the general condition can also improve quality of life and shorten the hospital stay.

**A database with descriptions of the experiences from other users:** "the invention of the wheel" is thereby spread on to other units. A digital model, accessible for everyone and with a user-friendly way to share. Patients have the same rights through the entire country but it is done in many different ways.

**A collection of menus, with snacks and different kinds of breakfasts:** only half the food is served from the kitchen. An explicit description of what should be served, by whom and how. With a table of contents and nutritional values.

**A post with responsibility for overall nutritional issues.**

**Make a survey** of what basically creates the conditions for a good meal. What criteria are essential and how do they affect the patient as a whole.

**Training/information for everyone in the nursing staff and the nutritional unit,** in order to create a common set of values and increase the understanding of the importance of food.

**Nutritional values:** which factors lead to incorrect calculations, and what are the consequences.

**The patient's needs set the schedule and working hours for the nursing staff.**

# Commission

In 2008 the government introduced the vision “Sweden - the new culinary nation”.

In the field of public food, a goal was set up that food served in the public sector would be characterised by quality and the enjoyment of food.

The commission is to identify and highlight one or more great examples of hospitals and clinics, which promote a quality assured and patient-centred diet. It is of specific importance that the hospitals or clinics gets noticed, who have thought through their diet plan and where all steps in the preparation process have been taken into account, i.e. cooking, packaging, transportation and final serving to the patients at the surgery or the clinic.

The commission includes to further spread the knowledge of these great examples to the different participants within the hospital sector. This can be done by, for example a nomination process to appoint and reward a particular good example. The purpose of the commission is to motivate others to make improvements within the work that revolves around the hospital food.

## Purpose

The purpose of the project is to motivate others to make improvements within the work that revolves around the hospital food.

## Visited units

- Östersund Hospital
- Sollefteå Hospital
- Ystad Hospital
- Central Hospital in Kristianstad
- Kalmar County Hospital
- Växjö Central Hospital, Nutritional unit and Dietetic unit
- Halmstad County Hospital
- Kullbergska Hospital in Katrineholm
- Danderyds Hospital

## Spreading the project

Since the hospital food has been discussed negatively in both the media and the industry for a long time, it is important to spread the word on the great examples that actually do exist.

All hospital food is not "bad", there are many hospitals where the food is well cooked and tasteful, made out of love and care by dedicated chefs, and this has to become known!

The report will be disseminated in several ways:

- The hospitals we have elected as "Great examples" will be presented during the congress of SAD, "Kostdagarna 2012", "the food days 2012" in Stockholm on March 23rd.
- The association will organize two seminars during the Almedalen week, where the report will be presented.
- We will organize theme days during the autumn.
- Press releases and articles giving rise to a debate will be sent out during the spring and the autumn.

## Method

When we received the assignment we thought of what criteria we considered as important and fundamental. We discussed with the fokusgruppen Sjukhus, the focus group Hospital, of SAD and agreed on the factors that were crucial.

- Taste
- The proper nutritional value – recommendations for sick patients will be followed
- Temperature
- Options
- Flexibility - timing, ordering, changing diets, portion size, texture
- Selection – a choice of meals and snacks
- Timing of meals
- Presentation of the menu

Further in the discussion we also said that to achieve optimum satisfaction it is required that the food is known to be secure, i.e. one should recognize the meals, one should feel confident that the served food is safe and that it is adapted to each patient's medical condition.



Another key factor is that the team collaboration works around the patient. That the people involved in the patient's diet have the right skills, mainly concerning nutrition and understanding of the individual and their specific situation.

Later on we summarized our criteria by what is called the FAMM - Five Aspects of a Meal Model:

- Management
- Meal environment
- The food
- The room
- The meeting

At a meeting with Anette Jansson from Livsmedelsverket, the National food agency, we found out that Socialstyrelsen, the National Board of Health and Welfare, together with the NFA had been given a similar commission as the one we were working on. We contacted Ann-Christin Sultan from the NFA, and after a couple of initial meetings, we decided to collaborate. However, we agreed that we had different inputs in the project. While they had a more medical and care focused approach, we had a more practical view of the patient's food. Our vision was to find the optimal meal. Where all the preparations and efforts made by different people resulted in a good and nutritious meal in a pleasant and uplifting environment for the patient.

Tiina Rantanen from Sveriges konsumenter, The Swedish Consumers' Association, were also to participate in the project.

The working team planned two parallel tasks, to write a joint letter seeking suggestions on best practices, and to make a survey out of the known facts. Read Appendix 1.

There were 24 responses from different hospitals (there were also some from the geriatric care and nursing homes but these were sorted out). Read more in the chapter "Responding units."

In order to increase our knowledge about the surrounding world, we visited Hvidovre Hospital in Copenhagen, who have appeared in the media on several occasions. Along with the focus group Hospital we met the chef Hanne Jensen and his employees. Their concept puts the patient in the centre of focus. They get to choose themselves when and what to eat. There are a large number of dishes to choose from and many components. Most patients can order by themselves, others receive help from the nursing staff. There are scheduled food transportations, but in addition to these, the kitchen staff distributes requests

from the patient, and will thereby come in direct contact with their client. One advantage with this system is that it has the overall nutritional expertise regarding cooking on a unit and the great profit is the customer satisfaction. The downside is that the patient does not always “know their own good”, if that occurs it is important to have a well-functioning arrangement with a dietician who works clinically with the patients.

We also thought about what is happening in Sweden at a political level, so we went to the Almedalen Week on Gotland. This was a new experience for us and we realized that this is where a lot happens and many contacts are established. There were seminars and other parts that dealt with the food at schools, but we never came across anything regarding the hospital food, which was the main reason why we were there.

## Responding units

- Region Skåne; Ystad, Helsingborg, Kristianstad, Ängelholm and Hässleholm
- Ystad Hospital
- Örebro County
- Kalmar County Hospital, Medical ward 15 and Children and adult ward 39
- Östergötland County Council
- Kronoberg County Council, Växjö Central Hospital; Nutritional unit and Dietetic unit
- Västra Götaland, Område Måltider, The Field of Meals
- Halland County, Halmstad County Hospital, Nutritional service
- Västernorrland County Council, Sundsvall-Härnösand County Hospital, Sollefteå Hospital and Örnsköldsvik Hospital
- Danderyds Hospital, Medical ward 92 and Surgical ward 63
- Landstinget Sörmland; Eskilstuna, Katrineholm and Nyköpings sjukhus
- The back surgical clinic of Strängnäs
- Jämtland County Council, Östersund Hospital
- Värmland County Council, Karlstad Central Hospital, Patienthotellet, The Hotel for Patients
- Dalarna County Council, Guide line for Nutritional Treatment
- Stockholms sjukhem
- Stockholm, Capio S:t Göran Hospital
- Sveaköket, a collaboration between Västmanland County Council and Uppsala County Council
- Jönköping' Health care District

## Motives for arranged visits

When we reviewed the incoming suggestions, we were looking for something that we considered to be profiling. We assumed – perhaps right or wrong – that everyone has a nutritional estimated menu, efficient self-monitoring, etc.

Our project is in no way comprehensive, the evaluations of what meets the criteria was defined and determined by the sender.

- Östersund Hospital:
  - Training of the nursing staff and unit managers
  - Information material: meal order, recommendations, snacks, various diets and textures
  
- Sollefteå Hospital:
  - Balanced scorecard
  - Benchmarking
  - The kitchen staff serves the patients at the ward
  
- Ystad Hospital:
  - Collaboration with dieticians
  - Training of the nursing staff
  - "Nightcaps" and deli food
  - Digital diet cards
  
- Kristianstad Hospital:
  - Training of the nursing staff
  - Energy drinks before night rest, and a small drink or shot in the morning
  
- Kalmar County Hospital:
  - Working towards the patient to eat more.
  - A guide/checklist for the meals on the ward
  
- Växjö Central Hospital; Nutritional unit and Dietetic unit:
  - A nutritional program
  - Patient brochure for everyone
  - Snacks and "Säröbomb", a night drink with fruits and high in calories, from the kitchen
  - Visual inspection of food trays
  
- Halmstad County Hospital:
  - Systematic work

- Continuous training of the nutritional unit
- Kullbergska Hospital in Katrineholm:
  - Balanced scorecard profound on all levels
  - Kitchen staff on the ward
  - A brochure with diets wished for
  - Tasting routine in the kitchen
- Danderyd Hospital:
  - Reducing the time of the night fasting
  - Energy rich supper
  - Training

# Results

## Study of the nutritional validity

When reviewing the applications, we saw a general tendency that everyone reported having meal plans which were calculated in nutrition. When we visited the units we observed that the risk assessment of patients' nutritional status was important. The conditions for the measures to be taken are several:

- a) That parameters such as age, weight, height, disease are registered and a record is kept.
- b) That the right nutritional values and especially the energy providers are correct.

According to recommendations of sick patients, a daily portion should be distributed as:

- |                   |         |
|-------------------|---------|
| • Breakfast       | 20-25 % |
| • Lunch/dinner    | 25-30 % |
| • Afternoon snack | 10-15 % |
| • Dinner/supper   | 25-35 % |
| • Night snack     | 10-15 % |

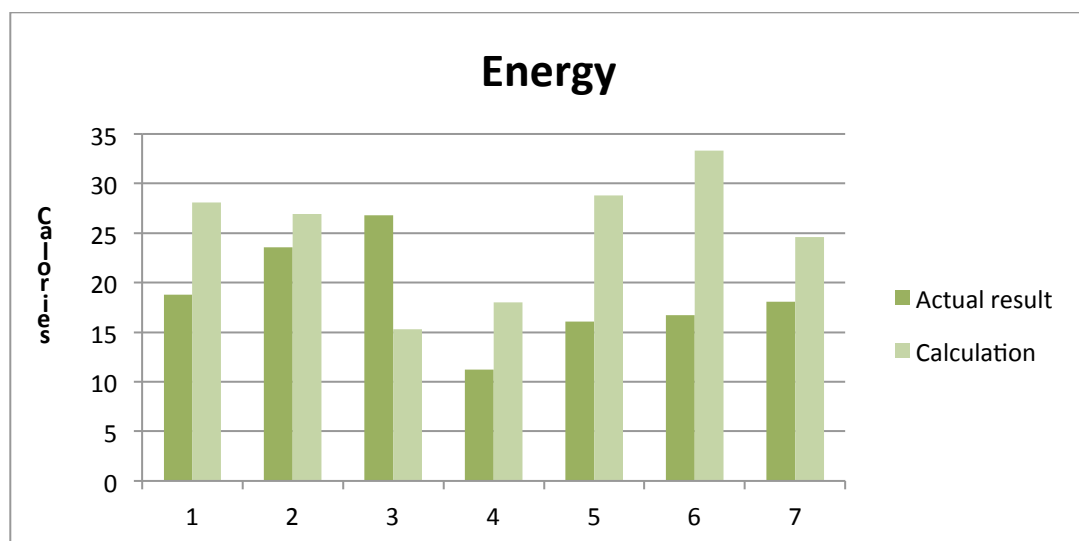
This means that if the nursing staff also is responsible for the breakfast and the snacks, it will be approximately 50% of the day's serving for the patient. The remaining comes from the kitchen/production unit and that is the part that we examined.

In the cooking process, there are many factors that influence the portion's nutritional content, such as raw materials, cooking and batching. There are generally two models in terms of batching, either the plate is served in the kitchen, or the canteens are sent to the unit for the nursing staff to batch and serve. In both cases, it is important that the guidelines on the portion sizes are correct, that they are following the guidelines and consistent with nutritional calculations.

If these factors make the nutritional value not consistent with reality, it will also change the basis for the measures that are used to balance the patient's proper nutritional intake.

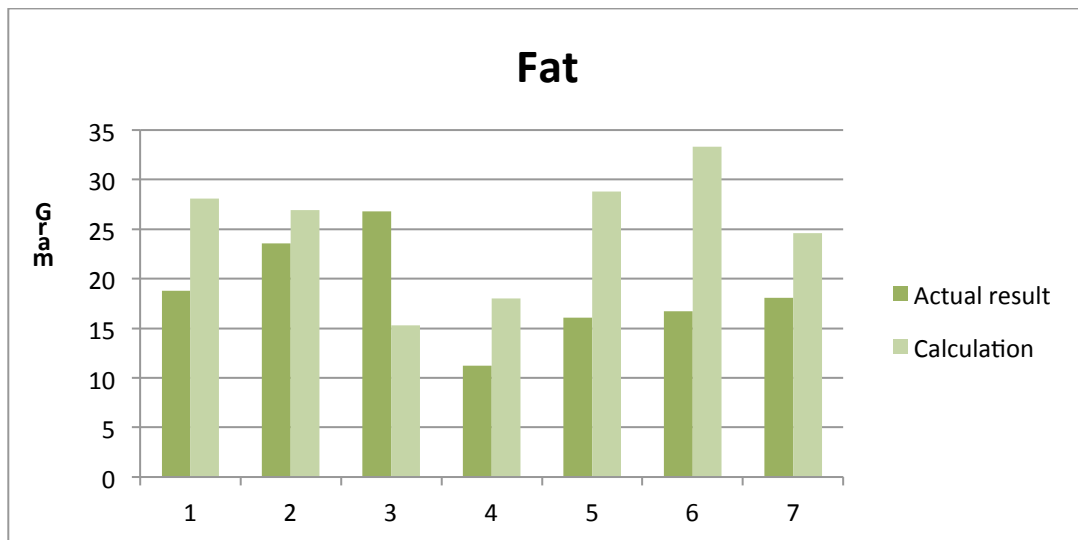
With the experience we have ourselves, we thought it was an interesting idea. Far as we know no one has investigated and compared the calculated nutritional value with what is being served on the plate. We contacted a science lab and they agreed on that we could send them samples for analysis. When we visited the various units, we asked them to choose random portions, which were then sent for analysis.

## Results of analysed meals



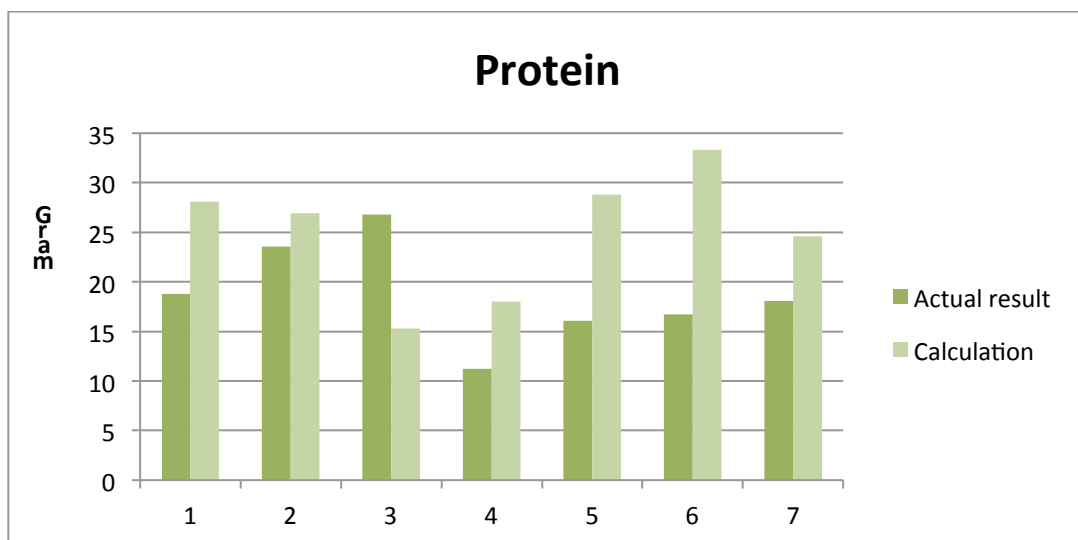
	1	2	3	4	5	6	7
Actual result	402	449	599	404	408	533	570
Calculation	636	478	513	532	567	609	423

*Out of seven dishes, it turned out that five of them had a calculated higher energy content than the actual result.*



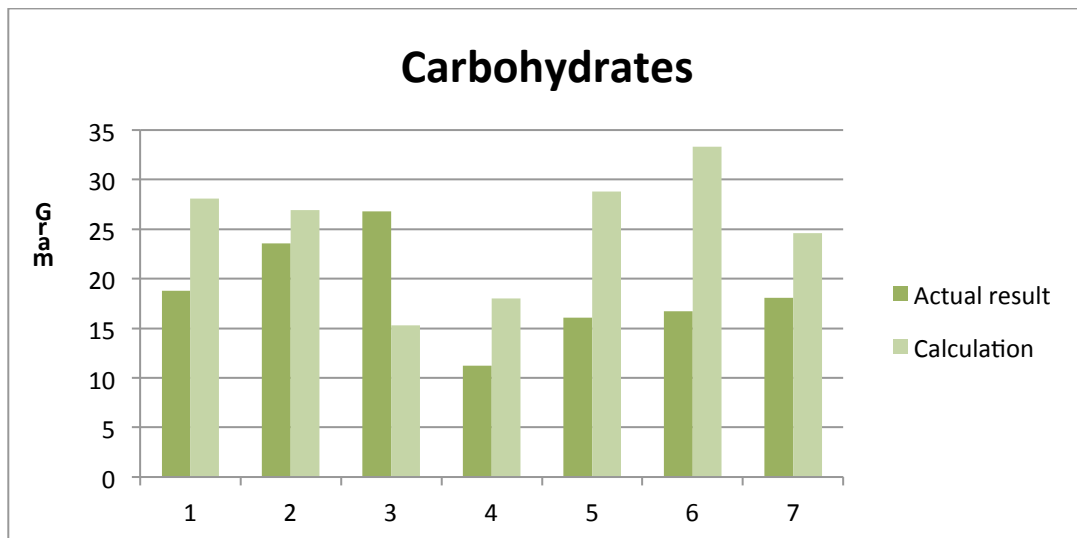
	1	2	3	4	5	6	7
Actual result	18,8	23,6	26,8	11,2	16,1	16,7	18,1
Calculation	28,1	26,9	15,3	18	28,8	33,3	24,6

*The analyses showed that six out of seven dishes had a higher estimated amount of fat than analysed responses.*



	1	2	3	4	5	6	7
Actual result	18,4	26,6	25,6	9,3	21,2	50,5	21,4
Calculation	22,1	22,2	32,1	15,3	23,1	29,5	18,4

*Regarding protein, four dishes were estimated to have higher protein content than the reality revealed.*



	1	2	3	4	5	6	7
Actual result	18,8	23,6	26,8	11,2	16,1	16,7	18,1
Calculation	28,1	26,9	15,3	18	28,8	33,3	24,6

*Only one dish had a higher content of carbohydrates than the calculated. Six dishes showed a calculated content higher than the analysed value.*

As we made it this far and saw the big differences, we started thinking about how nutritional values are declared and how they are developed. Those involved in nutritional calculations must rely on the data received from the NFA and various databases, especially DABAS (who gets values from the producers).

We contacted the NFA and asked how it works with updating of the nutritional values.

The NFA has a database with approximately 2000 types of foods. Every type of food has about 150 values of which 52 are reported in the NFA database. You can contact the NFA to add more types of food.

The NFA update with about 50 types of food per year, criteria for the selection are:

- What foods are requested the most
- What people want to eat
- Oldest values, yet used a lot

Our reflection: theoretically this means that it takes 40 years to go through all the types of foods and their nutritional values.

From experience we know that the DABAS is not complete, due to the producers not taking their full responsibility and reporting their products' nutritional values. We contacted a company with a good reputation within the industry and who has many years of experience of nutritional calculations. Their quality manager said:

The company has a long history regarding nutritional calculations. The forerunners were very farsighted and started a bank for future use. This means that today it has lots of recipes in its database.

When calculating the nutritional value, the following are assumed:

- Personal experience
- The NFA's database
- Eventually get help from Finish, Danish, English databases
- Assessments of reasonableness, from other productions
- Valuation compared to history

In case of doubt the product is sent for analysis.

The numbers were rounded off since it is not an exact science, variations may occur.

We find the reasoning about the nutritional values of the food extremely interesting and we see that there is a project in itself to reflect on these observations that we have made and what consequences they have in nutritional work at hospitals. It is very much an assurance of quality to have a nutritional estimated menu that is correct!

## Reports from visited units

### Östersund Hospital

Karin Lidén and Christina Mörtl July 15th. Meeting with Marie Wouillet, unit manager at the nutritional unit

Web based information material, including meal order, recommendations, snacks, various diets, food with customized texture etc.

Educational achievements: Marie is responsible for training of self-monitoring. They have a new control program that extends from the kitchen to the ward, including the transportation. They charge for one year via the patient diet. The cooperation with the environmental committee works well. The training of...



- Unit managers
- Dietary representatives
- Nursing staff

...should be completed by November 1<sup>st</sup> 2011.

Information is sent out by the department of information (which is mandatory according to the hospital management).

They got an encouraging capital to be used in 2009, directed towards food and nutrition. Dietician Emma Olsson was the sustaining person. Dietician Christina Ledin was the one who developed the material.

The design of the tray is well thought out, there are specific places for different objects.

## Sollefteå Hospital

Karin Lidén and Christina Mörtl July 19<sup>th</sup>, meeting with the nutritional manager Agneta Norlén.

Collaborates with the municipality since 2005. Have a nutritional committee consisting of politicians and civil servants from both the municipality and the county, which it works well. Operating manager Åsa Fhinn and dietary managers from Sollefteå and Sundsvall are participating to represent the diet. They discuss investment and monitoring, among other things. Documentation, interim report and a report on discrepancy and reduction are submitted by each dietary manager. Cost between the municipality and county by a fixed template.

Introduced serving with canteens in May 2006. Has seven units (four large and three small ones). The kitchen has 14 employees, including two administrators. Produces approximately 750-800 servings per day.

Serving with the canteens has led to more work on the nursing wards. The kitchen has been reduced gradually, but to maintain their dietary skills they sell their services and serve all meals at the four major nursing wards (breakfast, dinner, evening). It varies across the wards how much help they want. The kitchen staff only serves ambulatory patients, they never go into the patients' rooms. There should always be someone in the nursing staff present, which they work on to attain. The kitchen staff, who works in the compartment, rotates. Often it's the staff that takes care of the dishes, who also perform these operations, but most of the employees know how to do it.

The kitchen staff working on the ward is not supposed to discuss the food with the patient.

In the transition they went from two alternatives to one dish. This has meant more special diets and more textures. Approximately 80% of the menu is calculated in nutrition, both regular and special diets.

Two dieticians, one of which educates kitchen staff continuously.

## Ystad Hospital

Karin Lidén and Christina Mörtl August 8th. We met with the dietician Maria Biörklund Helgesson, food economist Gertrud Nilsson and nutritional manager Theresia Hermén.

A comprehensive training program in spring 2010.

The purpose of the education: Provide theoretical and practical knowledge about nutrition and basic nutritional measures for inpatients. Seven training sessions that include: evaluation of nutritional status, guidelines on how to evaluate an appropriate diet to the patients, the most common special diets etc.

Anchored in hospital management from the beginning.

A relatively small hospital with 14 units. The hospital's slogan is "Not the biggest but the best", based on this, the kitchen created the slogan "The good kitchen - food and fellowship". The decision-making is easy, as it has very few steps. It is important to have a good sense for food, and that the ward staff understands what to do.

What lies ahead: A brochure for the patients: Welcome to the hospital where the kitchen is one component. To generate various guidelines and policies as well as a day during the fall that focuses on nutrition.

Monitoring is performed with Nöjd Kund-index, CSI (Customer Satisfaction Index), and they participate in the nationwide work of benchmarking along with 17 other counties.

## Kalmar County Hospital

Karin Lidén and Christina Mörtl September 1st. Meeting with the dietician Kerstin Arvidsson and the nutritional nurse Monica Hellgren.

Visits to the two units, the Medical ward 15 and the Children and adult ward 39, who have worked to increase the patients' food intake. They have worked across the borders to obtain a high involvement and awareness among all categories of care around the patient. With the goal to develop checklists and food guides that can be used by the entire hospital. The purpose is to have satisfied patients who eat more and that this in its turn reduces the risk of malnutrition. Overall

it is also important for the patient to have a greater sense of well being and a shorter hospital stay. They have worked with the meals that the nursing ward is responsible for; suppers, snacks, night snacks. A major concern has been to shorten the time for night fasting.

It is important to include all categories of the staff so that they understand the importance of good nutritional status and the significance of environment and treatment. It is included in the project to reason about these issues, in what is called the FAMM.

What has been important is a staff with a commitment, and a drive to help the patient to improve. They have also seen that documentation has been important for monitoring and reporting, of course within a unit itself but also when the patient is moved to another health care provider.

## Växjö Central Hospital

Karin Lidén and Christina Mörtl September 1<sup>st</sup>. Meeting with, among others, the dieticians Camilla Svensson and Lotta Fredriksson, the nutritional manager Doris Johansson and the dietician Susann Ask.

A well thought-out nutrition program with several categories of the staff involved as managers, unit managers, nurses, dieticians and nutritional managers. The goal is that *"All patients are entitled of getting a nutritious and adequate diet based on their needs"*, this is achieved by screening and weighing all patients, it is also documented in their journal. Introduced at all of the hospital's units. They have introduced *Senior Alert*. This has resulted in making it easier to prevent malnutrition, there is statistical data that provides feedback and that is quality assured, but above all the patient will receive the nutrients he or she needs regardless of who's on duty. Nutritional drinks are introduced on the medication list to make sure that the patient receives the prescribed dietary supplements.

This work is in close collaboration with the hospital's nutritional unit, which provides energy-rich night drinks like the so called "Säröbomb" and snacks rich in nutrient, all in addition to a well balanced and nutritional estimated menu. They work extensively with the menu, which is where focus lies. They make visual checks of returning trays, which results in revising the menu to make adjustments based on the patients' preferences. One effect will also be that you work with the management of wasted food. The kitchen has an employed dietician who has a good cooperation with the dieticians at the paramedical unit.

The entire hospital is characterised by a mind set on quality. The kitchen is certified according to IOS 9000 and the environmental standard ISO 14001.

## Halmstad County Hospital

Karin Lidén and Christina Mörtl had a meeting on September 2<sup>nd</sup> with Maria Persson the regional manager, Eva Nolenstam nutritional manager, Gunilla Andersson food economist and Marie Gustafsson dietician.

- Self-management 200
- Systematic work
- Validation by four chefs at each hospital – Britt Lerneby
- Environmental certification 2002 ISO 9001
- ISO 14001
- AIVO-training 2 times/year
- Joint council for the menus, consisting of an assembly of dieticians, team leaders, chefs and controllers for the conveyor belts
- Works a lot with communication
- Kitchen - kitchen
- Nursing ward – kitchen

The hospital manager Anders Dubjer sees the hospital as a "hotel", where the food represents a small part of the economy, though it is a good sales argument.

So far they have the same dishes for both patients and staff, but they intend to change this. Currently working with a restaurant consultant, Gunilla Adell.

## Kullbergsska Hospital in Katrineholm

Catarina Offe and Christina Mörtl September 12<sup>th</sup>, met with dietary manager Marianne Backrud Hagberg, dietician Susanne Florin also a dietary developer focusing on patients and Jonas and Sandra, team leaders in the kitchen.

Södermanland county has three kitchens: in Katrineholm, Nyköping and Eskilstuna. Highly informative brochure, with diets wished for, in a convenient format. Describes various menu suggestions in words and images. Distributed as:

- Something light
- Fish
- Vegetarian
- Chicken/meat
- Pasta

Was first served at the nursing wards, but later on became so popular that the patients wanted it at their bedside table. Easy to see what you are hungry for, and makes the communication between patients and nursing staff easier.

For the kitchen- and nursing staff, the brochure includes the same information as the patients receive, with the additions:

- accurate descriptions of the content, product and quantity
- how the serving is done at the table setting with trays
- how the serving is done with canteens
- instructions for heating times and the number of degrees

Are planning to make a brochure for texture-customized diet, which will be completed in the fall 2011.

They have decided on a common menu with accompanying recipes for all three units. There has been shown to be some cultural gaps that needs be taken care of. They started a project where each cooked meal was tasted by several people and then documented. This was done in all three kitchens. Then they had joint meetings where the dishes and their evaluations were discussed. Thereafter a decision was made on how the common recipes would be designed. This process was reviewed until everyone agreed upon a recipe, which was then applied to all three units. A policy of quality that benefit the patients. They work extensively with the food, it should "smell good" when reading the menu. Important to involve dietary representatives, their commitments are written down and signed. The nursing staff is encouraged to taste the food themselves.

The kitchen will assist with different features on the nursing wards. Various tasks depending on what the nursing ward calls for, for example self-control, ordering food.

There is a person that serves on the unit and have direct contact with the patient, especially in the field of snack. However, the responsibility for the patient's diet is on the nursing staff. It is important to separate the work in kitchen and the work at the nursing ward.

Works a lot with rewards, employee of the month, diet profile of the month, award for best dietary representative etc.

## Danderyd Hospital

Catarina Offe and Christina Mörtl September 13<sup>th</sup>, meeting with dietary manager Therese Berglund and the dietician Eva Christofferson.

26 nursing wards that serve food, most of which have so-called kitchen maids, with options on all wards.

The dieticians belong to the paramedical unit and six services with various specialties. The hospital has a purchase and sales system, which means that

each nursing ward is responsible for deciding whether to buy the service of a dietician or not.

#### Ward 92

Two dieticians are always serving on the unit of gastrostomy. Policy that all patients should have their nutrition assessed within 48 hours, which has been decided by the hospital management. Dieticians are educated continuously in performing nutritional assessments.

The nursing ward has a template for questions at the time of the patient's enrolment, questions about nutrition are also included in this form.

The nursing ward has a nurse who is responsible for nutrition.

Nutritional Group consisting of nurses and dieticians. They compile and report the work with the medical record and it has been proven to be difficult to also register the diet. It was discovered for example, that all patients did not get night snacks.

Started a project designed to improve the serving of night snacks. There is a description at each room on what types of night snacks the patient can order. Monitoring of all the patients the day after, at lunchtime, when they also stated if someone said no. The result was that the serving of night snacks increased. Another observation was that it was important how the question was asked. Information for the entire nursing staff, about the importance of shorter night fasting, this also included the night staff. Read the night snack menu.

#### Ward 63

Surgical ward with a dietician.

There are always multiple dishes to choose from and the patient experiences it as if there is always something that suits them. Provides drinks and bread. Previously, they had a nurse who took care of the food issue, at that time there were not so many options to choose from. The night snack was not quite as big.

Night snacks with several options such as crackers, chips, non-sugar products, enriched Kelda-soups. Each patient is asked. There is no buffet due to reasons of hygiene.

Even though more food and snacks are served, it uses less when you have a person responsible for ordering the food. The kitchen maid is a trained nurse, which makes a good connection to the health care.

Registration of food and drinks is not done on all patients.

The surgical ward has a capacity of 23 patients, which is functioning even when the kitchen maid is not in service. The kitchen maid asks each patient what they want to eat, both at lunch and dinner. He or she writes their "own" menu based on the experience they have with the patients.

This work was conducted at two wards, but no other wards or the hospital management was notified. No documentation or written follow-up.