Clinical and scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

Assisted feeding for elderly inpatients

Editor – Malnutrition is well known to be an established independent factor of morbidity and mortality, 1 yet there continue to be major concerns regarding the provision of basic nutritional care for elderly hospital inpatients across the UK, as highlighted by the 2011 Health Service Ombudsman Report. 2 Shockingly, this report describes how half the patients featured did not consume adequate food or water during their time in hospital, with food being removed uneaten, and drinks and call bells placed out of reach.

Having witnessed such scenarios we felt action was needed. We therefore conducted a 6-month cross-sectional observational study in a district general hospital that aimed to improve nutritional intake and patient satisfaction at hospital mealtimes among medical inpatients, focussing particularly on the frail elderly.

Ninety-five local sixth form student volunteers were recruited and trained by speech and language therapists in how to assist patients with feeding. This involved both the physical (such as cutting and bringing food closer) and the much-needed social aspects of interaction, encouragement and emotional support. After assisting with the feeding, the students completed a questionnaire recording the proportion of the meal consumed and the patients' enjoyment of their meal. These results were compared to concurrent observation

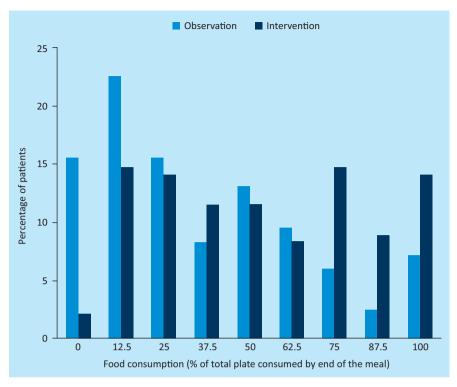


Fig 1. Percentage of meal eaten by patients assisted by the students (intervention group) compared to those who were not (observation control group).

control data from patients who received standard existing ward care and assistance with meals.

A total of 278 patients across six medical wards were included, of which 191 (70%) were assisted by our student volunteers, compared with 87 (30%) who were not. The mean patient age was 85 years. Those who received assistance from the students not only consumed significantly more food and drink (p<0.01) (Fig 1), but also reported much greater enjoyment of their meals (p<0.001). In keeping with this, 96% reported that they would like similar help again.

We therefore feel our project provided safe, effective feeding assistance to those most in need. We hope this raises awareness of how a simple, low cost intervention can have a significant impact on patient care. In addition, it promotes voluntary work in local communities, and equips volunteers with transferable skills for future careers in healthcare.

JACQUELINE GILBERT $CMT2^1$

AMBER APPLETON

Academic ST1¹

JOHN JERRIM

CHRISSIE BEARD

Professor²

DAVID RUSSELL-JONES

 ${\it Professor~of~diabetes~and~endocrinology}^{1}$

¹Diabetes and Endocrinology Department, Royal Surrey County Hospital, Guildford, Surrey, UK

²Voluntary services team, Royal Surrey County Hospital, Guildford, Surrey, UK

References

- Norman K, Pichard C, Lochs H, Pirlich M. Prognostic impact of disease-related malnutrition. *Clin Nutr* 2008;27:5–15.
- 2 Parliamentary and Health Service Ombudsman. Care and Compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people. London: The Stationery Office, 2011. www. ombudsman.org.uk/__data/assets/pdf_ file/0016/7216/Care-and-Compassion-PHSO-0114web.pdf [Accessed 22 March 2013].