

A. S. MACDONALD, G. TEAL, P. J. MOYNIHAN. *Redesigning food service for vulnerable older adult hospital patients. Gerontechnology 2010;9(2):306; doi:10.4017/gt.2010.09.02.210.00* **Purpose** Food service for older adult hospital patients is contributing to significant problems in the UK, resulting in unacceptable levels of malnutrition. The design team (DT) working within a three-year multi-disciplinary research project<sup>1</sup>, funded by the cross-council New Dynamics of Ageing program, was concerned with redesigning food service<sup>2</sup> for vulnerable, older hospital patients, particularly stroke, dementia and hip fracture, discussed how opportunities for - and principles to guide - service redesign and associated products and environments have been established. **Method** The DT worked with mappmal's other specialist teams (i.e. food science, dietetics, medical sociology, ergonomics, technology) in the design of a series of interactive workshops<sup>3</sup> (WS) for the many individuals (i.e. key stakeholders (KS) and the 'food family' (FF)) involved in the process of assessment and care of patients, and in preparing and delivering their food. Activities within these workshops were designed to i) develop understanding of food service from the patient's perspective, ii) 'map' food service and iii) identify opportunities for improving service through using the collective experience of the KS and FF. Evidence to identify opportunities for service redesign and the principles to guide these were triangulated through i) literature and best practice case study reviews, ii) analysis of interviews of the KS and FF and iii) analysis of further evidence from the KS and FF during the WSs. Simultaneously, an audit was conducted of the ergonomic requirements and opportunities for system support through electronic information transfer. **Results & Discussion** From the WS five major opportunities for service redesign, to be guided by six service principles, were identified. From their audit, the DT also identified a number of opportunities for improved design in the four areas of tableware, the patient environment, the ward environment and the electronic system required to handle the type of patient-centred information so crucial to the particular needs of these vulnerable individuals. The DT are currently synthesizing findings and developing the specifications for design in all these areas as a precursor to a design process where the service redesign prototype will be iteratively evaluated by the FF and KS in future WSs. Early evidence suggests that some improvements, designed for the project's identified vulnerable older adults, would result in improvements generally in food service for other patients.

## References

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