Pediatric Patient Opinions of Menu Variety
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Introduction
Malnutrition is prevalent in 5 to 27 % of hospitalized children in developed countries (Ehwerhemeupha, 2018). A hospitalized child can become malnourished in 2-3 days (Becker, 2014). Adequate nutrition contributes to reduced readmissions (Carniel et. al, 2015), length of stay, mortality rate (Costa et. al, 2018), rates of hospital acquired conditions (HAC), and health system costs. Oral intake improves if a patient gets assistance ordering food preferences from the hospital food menu (Kuperberg, 2008). Symptoms and medical treatments may deter a child from menu selections they usually enjoy resulting in reduced oral intake (Carter, 2019). Oral intake improves if a patient gets assistance ordering food preferences from the hospital food menu (Kuperberg, 2008) Access to a variety of food can improve oral intake and patient satisfaction as well as reduce cost to the institution by preventing food waste, readmissions, and hospital-acquired conditions. This study will assess/examine patient perceptions of menu variety and meal quality at a hospital in West Texas.

Objectives
1. Examine pediatric patient opinions of menu selections
2. Assess/examine patient opinions of meal quality, variety, and modifiability, and food service by presence of food allergies, age, gender, and race/ethnicity.

Materials and Methods
Pediatric patients will receive a flyer on their food trays that has a website URL and a QR code providing them access to an electronic survey that was modified from a validated tool for adults (Naithani et al). Inclusion criteria are patients ages 10-20, admitted to the Pediatric Intensive Care, Hematology/Oncology, and General Pediatric units. Exclusion criteria are patients on a clear or full liquid diet, non per os (NPO), or children receiving enteral or parenteral nutrition support. A minimum of 30 respondents is desired to conduct correlations.

Survey questions will include information about food choices, food service/organizational barriers, hunger, and food quality. Respondents will be provided a Likert scale: from 1 (strongly disagree) to 4 (strongly agree) and responses will be dichotomized as "satisfied" or "unsatisfied" with meal options.

A chi-square test of homogeneity will be conducted to determine if there are differences in responses with patient demographic characteristics. Positive questions will be reversed for the purposes of this analysis. The alpha level is $\alpha = 0.05$.

Implications of Research
Survey responses will be useful to the hospital’s Food and Nutrition Services Department and the patients and families. Data on pediatric patient opinions can provoke necessary changes to the current menu if desired. A varied food selection will provide palatable food for patients and improve oral intake of nutritious meals.

The West Texas children’s hospital can use the data to assess patient satisfaction. They can determine if they are being considerate to the diverse population’s dietary preferences. As of 2019, this hospital was in the top quartile in national rates of HAC (Medicare.gov, 2019). The hospital can reduce health system payout related to increased HAC by addressing causes of malnutrition.

Acknowledgements
Thank you Amanda Timmerman for letting me access the children’s hospital inpatient menu for analysis. Thank you Florence Jones for translating the recruitment flyers into Spanish. Thank you to Prof. Gaby Philips, Dr. Stephanie Rogus, and Dr. Merranda Marin for their research advice. Finally, thank you S. Naithani and their research team for allowing me to use their research tool.

References

New Mexico State University is an equal opportunity/affirmative action employer and educator. NMSU and the U.S. Department of Agriculture cooperating.