

OLDER PEOPLE SPECIALIST GROUP

January 2022



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THE HIGHLIGHTS



Happy New Year, we hope you were all able to have a break over the festive period and take time to celebrate all that you achieved over the year. Let's hope 2022 brings new opportunities and advancement in our important specialism and profession. We want to start the year by giving you the heads up that we have a jam-packed schedule of different projects and collaboration. We will continue to work hard and represent your needs and those of the people we look after. Please do get in touch with any exciting work you are involved in.

Victoria

DEVELOPMENT OF AN IMPROVEMENT PROJECT TO OPTIMISE ORAL FLUID INTAKE FOR OLDER ADULTS IN HOSPITAL AND THE ROLE OF CHIEF NURSE FELLOW (CNF)

KERRY BURROWS DIETITIAN CRHFT

Introduction: The advertisement of the CNF role was one that struck my interest immediately; open to any healthcare professional this was an opportunity to undertake a service improvement project in your chosen area with additional training in quality improvement and service design. Hydration is an area of older adults' care that I was keen to prioritise, raising the awareness and profile of its role in supporting good health, recovery from illness and prevention of harm; I was pleased to be successful in my application.

Developing a service improvement project. The Quality Service Improvement and Redesign (QSIR) programme provided a foundation that formed the essence of the improvement project. A key initial element was to broaden understanding of the challenges in achieving good oral hydration for patients in the hospital and identify where outcomes could be measured. This was done through literature review, process mapping, brainstorming, observation, audit, staff questionnaires, and feedback from patients and carer engagement. Some key findings from these processes are shown in figure 1.

A Plan-Do-Study-Act approach was adopted throughout and Help2Hydrate was developed. This is due to launch Jan 2022 in some of our acute settings, core components include:

- Patients were not always offered the full range of drinks available, often being asked only if they would like a tea or coffee
- There were no communication aids used by the patient service assistance (PSA) to help support decision making/choice.
- Many patients missed drinks or declined those from the drinks trolley.
- Support was not always available in a timely manner.
- There was a lack of information available for patients and carers in relation to their hydration/drinking well.
- Health care professionals identified that they have a role in both encouraging and assisting someone to drink but time, patients not wanting to drink and concerns that they may do something wrong were identified as key barriers.

Figure 1: Key findings

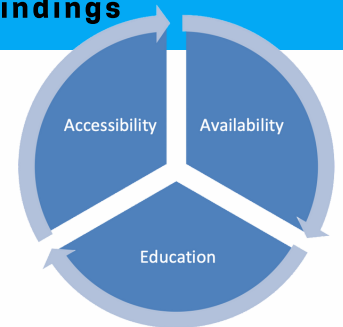


Figure 2: Key drivers identified

- Good communication asking 'what would you like to drink?' and utilising picture menus and communication aids to help choice.
- Introduction of different drinking vessels including double handles mugs and lightweight larger handled mugs, to support independence.
- Development of patient resources to support education on drinking well and what this means for the older adult, including easy read/accessible information.
- Development of an educational video for all staff to enable them to offer patients the best support to drink well, building on the #butfirstadrink campaign.

It has been fantastic to see that the Help2Hydrate project is already being reflected in other aspects of training and care within the trust for example the moving and handling team are now including specific advice on positioning in relation to eating and drinking in all their training. Reflecting on what I have learnt so far I would encourage anyone who has an interest in quality improvement to enquire about fellowships. If I had three key pieces of advice from my experience they would be; 1) try to access a quality improvement course such as QSIR, 2) don't rush to implement change: take as much time as you can to plan 3) don't get disheartened or lose focus, implementing improvement and change can be hard, particularly when services are facing extreme pressure but service improvement is essential to enable us all to optimise patient care. I look forward to sharing the project results and outcomes in early 2022.

@CRHChiefNurses, @CRHDietitians #butfirstadrink

CONTINUING PROFESSIONAL DEVELOPMENT

BDA OPSG & AGILE Webinar Series **No.2**

SAVE THE DATE

09 03 22
DAY MONTH YEAR

Engagement and Innovation in Practice

SAVE THE DATE

UPDATES FROM NICE

NICE National Institute for Health and Care Excellence

Rehabilitation after traumatic injury NICE guideline [NG211]

The new guidelines published in January this year are in place to support the complex rehabilitation needs, for adults only, after a traumatic injury, regardless of age or the nature of the injury. This guideline defines traumatic injury as any injury that requires admission to the hospital at the time of injury. This includes include musculoskeletal injuries, visceral injuries, nerve injuries, soft tissue damage, spinal injury, limb reconstruction and limb loss. The defined population in this guideline has not been based on the severity of the injury (sometimes measured using an injury severity score) but on the complexity of the rehabilitation need, taking into account existing conditions and circumstances that will impact rehabilitation.



CN Awards 2022

Nominations

NOW OPEN

CN AWARDS 2022

The CN Awards 2022 are now open!
You can nominate a colleague, group, charity, commercial product/service or yourself!

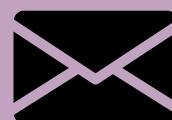
[**CLICK HERE**](#)

By making a nomination CN can enter you into a prize draw for the chance to WIN a £250 voucher of your choice.

If you have resources to share or suggestions for future events please get in touch. Contact us via our email address or following us on social media @bda_olderpeople.

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