

“Why conversation matters”

Louise Nash RD, Frail Elderly Pathway Dietitian at Airedale NHS Foundation Trust, explains how she used conversations, contacts and persistence to introduce a 10 point action plan to help reduce falls admissions and put nutrition and hydration on everyone’s agenda at her hospital:

“January 2015: new to my role in a multi-professional team aiming to reduce hospital admissions, an audit of patient referrals had told me that over half of my frail elderly patients had been admitted to hospital following a fall.

So I had a conversation with my therapy and nursing team colleagues, along the lines of, “what can I do about falls?” “Talk to Noel, Chair of the Falls Steering Group” they said.

So I had a conversation with Noel – a daunting prospect as I’d never met him, I knew he was a busy man (he’d already cancelled me twice) and I had no idea what to say. Opening the conversation was difficult, neither of us really knew why we were there. I ended up banging my drum about how nutrition should be part of falls pathways and Noel asked, “is there any evidence?” I found myself offering to present “the evidence” at a forthcoming meeting. I left his office, breathed a huge sigh of relief, quickly followed by panic: “Oh no, how am I going to do this?”

So I had a conversation with my manager, who was all for it and suggested the hospital’s feed suppliers could help with a literature search, and after a bit of blood, sweat and tears, we wrote a paper for our Trust summarising current international evidence regarding the role of nutrition and hydration in falls prevention. We duly presented this to our Falls Steering Group (after another cancellation) and sent it to as many interested parties as we could think of. We wrote it up as an article for *Complete Nutrition* which helped give it some gravitas. [LINK]

The response from the Falls Steering Group was terrific. Actions were agreed and introductions made, leading to lots of education sessions with acute and community medical, nursing and therapy teams. Critically the door was opened to our Director of Nursing – “great”, we thought, “we can now get nutrition & hydration into our falls pathways...”

So we had a conversation with our Director of Nursing and of course the reality was not so simple. We ended up agreeing to do an audit of inpatient falls and nutritional status. Another hoop. We flew through it like we were playing Quidditch. The audit identified high incidence of malnutrition, weight loss, vitamin D deficiency and inadequate fluid intake in our fallers. The next step was to get this to the right group.

So I had a conversation with the senior nurses in the hospital at one of their quarterly meetings. I presented the international evidence and the results of my falls audit – I was well practiced by now. Their response couldn’t have been better. The upshot: all senior nurses within the hospital have now committed to a 10-point action plan (which I will keep right on top) including:

- A review of falls pathways to enable identification and treatment of nutritional concerns
- The addition to some nutrition questions within the Trust’s annual falls audit
- A standard protocol for people presenting at ED following a fall (including nutrition)
- Inclusion of nutrition & hydration in nurse-led intentional rounding on wards

At last! Nutrition is right up there on people’s agendas. For this to happen I needed to be a little bit brave and very persistent: I could have easily ducked that initial conversation with Noel. We could have put off doing the audit, we were incredibly busy, we could have easily put all this on the back burner – it would still have been there now.

Since then I have also been invited to take part in a community-led CQUIN fall audit as a direct result of the contacts and work I’d done on the pathway, and I’ve been working to get homecare teams to deliver malnutrition education. Lots of phone calls later, I’ve presented to a homecare provider conference, delivered some “train the trainer” events and continue to work with them to start rolling this out more widely.

My next target is to improve the community dietetic service, which is sadly lacking at the moment. I've already pulled together evidence and evaluation information and the next step will be to work with one of our GP practices to review their patients on sip feeds so that we have some hard data on how we can improve patient outcomes.

All these successes have required me to find the time, have the difficult conversations, make sure each conversation ended with an action, jump through those hoops and, most importantly, never give up."

If you feel inspired by Louise's example but don't know where to start, the BDA Influencing Action Pack has some great advice on how to influence your colleagues and local decision makers, and how to develop a succinct "elevator pitch". [Take a look here.](#)