BDA The Association of UK Dietitians

Older People Specialist Group

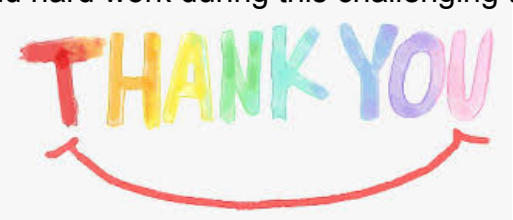
Newsletter April 2020

5 weeks on ...

It has now been 5 weeks since the British Government made the decision that we would be going into lockdown, isolating those at risk and over the age of 70 for 12 weeks. The changes for our profession have been wide reaching and in many cases, dietitians have moved into completely new roles outside of their own specialities.

As a profession we have come together, creating new resources and guidance to provide information from ITU, through to wards and now focusing on community recovery. Whilst we have no answers as to how long this period may continue, we are certain that as a profession we will continue to support each other and our older adults.

To all our colleagues working in acute settings, the community, private sector, education and our student dietitian members we want to say a huge thank you to all of you for your resiliance, courage and hard work during this challenging time.



Alison's Updates

Chairperson

I hope you & your loved ones are all keeping as well as can be during the lockdown. These continue to be very challenging times for all of us & like all healthcare staff in the UK, OPSG members continue to go above & beyond to support our most vulnerable members of society whether in your normal workplace, while seconded to a new workplace or while working from home. And remember that although our work is really important, looking after yourself & your loved ones is just as important so take time out where you can & take time off when are able. Be kind to yourself & others & support each other, even if that just means sharing silly pictures of cats.

Community Challenges

Phoebe Markwick, RD and Kolsum Jahan, Nutrition & wellbeing advisor at Hertfordshire Independent Living Service describe the changes seen in the community.

Dietitians and dietetic assistants in the community have found their role changing to support not only those most at need but other health care professionals working with these individuals. Community roles which before may have involved direct involvement in clinics, care home visits and home visits have now become more remote, involving technology where possible. Some members of these teams have seen a complete change in their role supporting enteral feeding nurses with hanging feeds and providing care.

Regardless of the changes, it seem that there is a clear community feeling amongst nutrition healthcare professionals to keep people at home and out of hospital. Unlike acute teams this can almost seems more distant and less impactful than the work you can do face to face. One thing is clear, loneliness has had a big impact on those individuals isolating in the community, beyond the logistics of actually getting food. The lack of social support has resulted in some challenges for those who live alone.

The outbreak has meant that many people are alone at home and have not been able to see their loved ones for some time. Most of us are able to communicate virtually using our phones, laptops and tablets however, this is less common in older adults.

In Hertfordshire, the meals on wheels service, Hertfordshire Independent Living Service has seen a 500% increase in meals requests for those in the county, where relatives are not able to provide the support needed. The nutrition team at HILS have found themselves doing a range of different activities from delivering the meals themselves, to packing PPE and home from hospital bags.

Phoebe, one of the registered dietitians at HILS said 'Everyone is helping out where they can and there is a great sense of team morale throughout the organisation. Our nutrition team are managing to maintain contact and offer support via the telephone, although we miss seeing our clients face-to-face and having social interaction'.

It seemed that the Coronavirus had caused our lives to change overnight, forcing the world to create a new 'normal'. However, there are many positive changes that have come from it and these difficult times have opened up the hearts of many and we have built relationships with that will live beyond the virus.

Fact check Vitamin D & COVID 19

There is a lot of interest in Vitamin D due to the role it may have in the immune system, and possible protection from respiratory infections.
There is currently no new guidance on Vitamin D specific to Coronavirus. The SACN UK National Guidance (2016) remains valid: https://www.gov.uk/government/publications/sacn-vitamin-d-and-health-report

The BDA factsheet on Vitamin D is a very useful resource

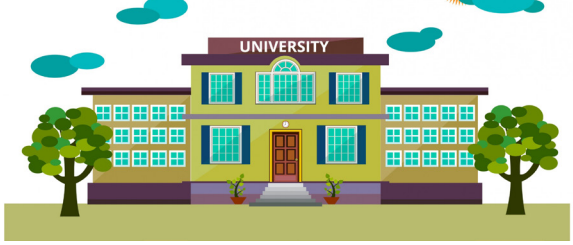
At present there is no good quality peer reviewed research that vitamin D can treat or prevent Coronavirus at the present time. One study found that those with low levels of serum vitamin D and coronavirus had poorer outcomes. However, no demographic data (age, place of residence) was included or information on co-morbidities was included and therefore it is not possible to draw conclusions from this.
As we know many older people are at risk of vitamin D deficiency due to reduced capacity to absorb vitamin D from sunlight, access to sunlight, dietary absorption and metabolisim. Older people may also have multiple co morbidities which may increase the risk of poorer outcomes. Many studies try to show direct causation where association is very likely to be more appropriate. There may be health implications from adding large doses of Vitamin D to the diet without medical supervision.

We would recommend all adults especially those over 65 year old consider taking a 10ug Vitamin D supplement. This is even more important for those who are shielding, and those not spending any time outside.

The Care Home Story

Whilst the impact on our NHS staff is widely publicised, residents and staff at residential care homes are also facing challenges for both their current residents and those joining them from acute settings. Michelle, who is a senior carer for a large residential care setting tells her experiences since lockdown.
Michelle identifies meal times as one of the biggest challenges they are currently facing. Eating and drinking which is such a social occasion in a residential setting and often the highlight of many residents' days has become an isolated affair, with many residents having to eat in their rooms. Michelle tells us that there has been a marked decrease in eating and drinking amongst residents and with the residents being spread out between rooms they are often unable to support as many of them as they usually would.
Many of the residents are supported by family members, who would often visit daily to support at meal times but no family members are able to visit so this important support mechanism has had to stop. Staff must prioritise residents by need and where a resident has a confirmed case of Covid-19, they must only spend a very limited time in their rooms.
The lounge is the heart of the care home. This is where they have activities, meetings and snack together. But just like the rest of the care home, the lounge is now a social distance zone and where they would usually find upwards of 15 residents there, now they can only have 5 each day on a rota. For those residents who are shielding, they must remain in their rooms. Michelle tells us that the staff are doing whatever they can to prevent decline, especially around eating and drinking. One of the residents will often press her buzzer several times a day to request snacks, just to spend some time with someone for a few minutes. This is particularly hard for those who have called it their home for many years. For those with dementia, the change has caused considerable upset.

Recently they have seen new admissions who have confirmed Covid-19 directly from acute settings. They are unable to meet the relatives of these residents and get to know them very well as they usually would with new arrivals and this is also the case with their food preferences. Individuals are arriving with their discharge notes from the hospital and often complex equipment. The staff often have to bring them several different meals until they find one they like but they are determined to give them the best care that they can. Michelle tells me that she has to remind people that this is a home and not a hospital ward, regardless of how much equipment is needed.
There has been a clear impact on staff members too. They are in short missing spending time with the residents that they care for. Staff must wear a mask at all times, so the simple gesture of a smile is lost and where they would usually have cup of tea with their residents to encourage them to drink, all of the niceties have been lost. They are there now simply to provide care. Taking a break can be really challenging and eating and drinking can now only be done in the staff area, once all PPE has been removed and proper hand cleaning has taken place. Michelle often goes home feeling very dehydrated at the end of a 12 hour shift. On top of their usual care roll, they have to take the place of the family members, entertainment and other visitors that the care home usually relies on, in the very limited time they can spend with the residents.
Michelle leaves us with the message, please just listen to the advice. If you were seeing this from the other side you wouldn't want a relative of yours to be this unwell and to have to deal with everything that comes with it. The last face that these people see is a stranger covered in mask and goggles instead of their family members. It is not worth the risk to go out more that you need too. If you could see two minutes of what I have seen in the isolation unit you wouldn't go out at all.



COVID -19, what has this meant for universities?

Stacey Jones, OPSG committee member and Associate Professor at Coventry University has given some advice for our members who are working and studying in our higher education environments.

The Covid-19 pandemic has disrupted all aspects of society, including the higher education sector. Academics have done an amazing job transitioning all of their teaching and learning online whilst still supporting students. However it has presented many challenges for staff, students and placement providers.

It is important to consider being inclusive in everything we do, recognising that each students experience will be different, and for some it may be harder than others. We have to make sure we support all students to reach their potential and equity of attainment. Secondly, it is important to create a sense of belonging, whilst students and staff aren't physically on campus, they still want to feel part of the university community. The question is how can we do that virtually?

This blog explains some of the challenges faced by Universities, and some simple strategies that have been considered to reduce the impact this will have:

Teaching, learning and assessment online;

With all teaching and assessment being moved online, this has required a rapid paradigm shift in pedagogy. Trying to replicate the classroom experience online comes with its challenges including technical hiccups, connection issues, varying technical skills of both students and staff, and the minefield of online platforms, apps and packages to negotiate around. Financial hardship has the potential to adversely impact upon student's ability to engage with and complete coursework and assessment tasks, for example lack of access to home IT equipment, internet, or lack of study space at home may cause additional anxiety and worry for students.

Strategies used:

- Use shorter but more frequent episodes of delivery (such as 5 minute video clips, 15 minute narrated slideshow rather than a 1 or 2 hour lecture)
- Offer asynchronous learning opportunities so that students can access online learning material flexibly and at a time that is convenient to them

Mental Health and Wellbeing;

During the Covid-19 pandemic and subsequent social restrictions, everyone is vulnerable to stress and anxiety. Some students may have additional caring responsibilities, dependants e.g. home schooling/shopping and caring for elderly relatives or managing their own health conditions. Some students may find themselves miles away from family, even in a different country. This stress, compounded by the stress of academic studies could adversely affect a student's ability to engage in learning and assessment, meet deadlines or keep up with scheduled sessions and this may lead to worrying about falling further behind in their studies or dropping out, as well as worrying about the impact on their career and job prospects.

Strategies used:

- Encourage students to check in regularly with academic personal tutors
- Create safe learning environments by setting ground rules, and encouraging students to feel comfortable to open up and share their own experiences with peers
- Encourage social connectivity amongst their peers by creating small group work opportunities, learning partners and synchronous 'check in' sessions for students to come together and feel connected to each other and to the tutor
- Clear communication about changes to their course and the impact this will have on students

The positives!

From my experience of working within a University, what has been heart-warming is to recognise people's willingness to be adaptable and flexible with their approaches, try new things, be creative in coming up with solutions, showing resilience to overcome adversity, and to offer support to one another.

In addition, there has been an increased admiration and recognition from the public of health care professionals. A recent news update by the Council of Deans alluded to a possible increase in young people choosing careers within the health care sector as a result of Covid-19 and the spotlight on health care workers, which is great news for the future NHS.

Webinar

Our chair, Alison, alongside Professor Mary Hickson from the University of Plymouth, delivered an excellent webinar on April 27th to discuss the Nutritional management for patients recovering in the community from COVID-19'. You can watch the webinar by following the link to the BDA resources page:
https://www.bda.uk.com/resource/webinars-and-online-education-for-dietitians-on-covid-19.html

Nestlé HealthScience

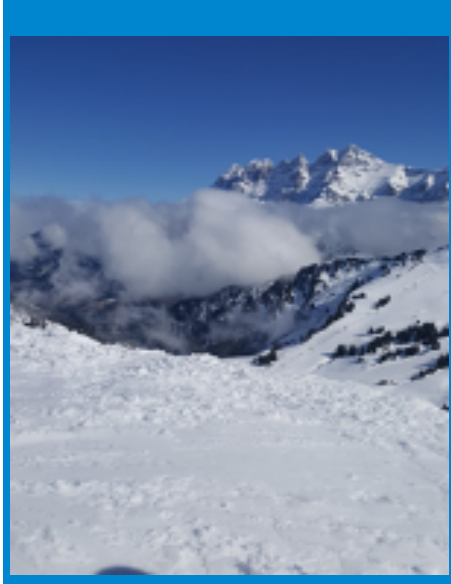
Mary Hickson
Professor of Dietetics

UNIVERSITY OF PLYMOUTH

Alison Smith
Dietitian and Chair of the Older People Specialist Interest Group of the BDA

BDA Older People Specialist Group

Kirsty Robinson Specialist Dietitian- Older peoples services and committee member of the Older People Specialist Group has shared her account of life in the acute setting with Covid-19.



COVID 19 Blog Acute Dietetic Perspective

When did you first realize that Coronavirus would affect the UK?
I was aware of the virus in China as my brother, his wife and children live there. My brother is a English teacher and he has been teaching online since January 2020. Schools, libraries, museums and gyms have been closed in Hong Kong. However, cafe's, restaurants and bars remained open until very recently. In February, our hospitals ICU department started working on plans should coronavirus become a pandemic. I was still optimistic, despite the suffering in China and Italy, I did not think seriously that it would impact on the whole world in the way it has. I was both lucky and ignorant to still go on a ski holiday in the French Alps on the 7th March!
We had a fantastic week of skiing, eating and socializing. Then on the 11th of March the World Health Organization declared that coronavirus was a Pandemic. On our return to the UK we all self- isolated at home as a third of our group (30 people) were symptomatic. I only experienced loss of taste and smell luckily. Testing was not available therefore it is impossible to be 100% sure however I think I have had the virus. Hopefully.

The first two weeks

Emergency planning
When I left for our holiday, we had one patient positive for coronavirus in the hospital, there were comparisons to seasonal flu being made. During the next 2 weeks the hospital went from having two or three wards (10%) for patients who were positive (Pink wards) to 90% of the hospital being positive pink zones.

Staffing
During my time self-isolating I worked from home. We had two Australian temporary dietitians who returned home, I then successfully recruited a third temporary dietitian to help, who then returned to New Zealand by the end of the week beginning 20th March! Our staffing was down to around 50%. We also had a new placement 2 student. The situation was changing rapidly. This was very challenging for the dietetic team who were receiving new information several times a day with a very busy caseload and an emphasis on discharging patient's home. The dietitians reported that staff and patients were anxious and frightened, understandably, this made communication more challenging at times too.

Remote working (from the dietetic office)
As dietitians we often work on several wards in one day. We agreed we would work predominantly from the office on the 17th March to prevent further spread of the virus and also because PPE was not in good supply and nurses and doctors required it more. We are fortunate to have electronic patient records which include medical and nursing documentation, so we could complete reasonable nutritional assessments remotely in a patients' "best interest" with ward teams gaining consent for interventions. We would call relatives, nursing and residential homes for information on eating and drinking and speak with nursing and medical staff. This isn't patient centered however seemed the safest, most sensible option at this time.

MUST
Towards the end of the second week cases were increasing and there were plans to increase ICU capacity from 9 beds to 20 then 35 and then 70. We predicted that ward team staffing would be reduced, and that staff would have less time to complete nutritional screening (MUST). We therefore developed the "nutritional support COVID 19 protocol" to ensure that patients at risk of malnutrition would be identified. This was a temporary replacement, it has not been validated. Please see https://www.bda.uk.com/uploads/assets/7b7a2e28-495f-46f7-bc3ecd35be055373/Nutritional-support-protocol-3032020.docx.This protocol was laminated, and copies given at the daily meeting to all of the wards and circulated via email. We encouraged ward teams to still refer patients to dietetics too. The daily meeting (huddle) moved to the hospital Chapel to

enable social distancing. Whipps Cross University hospital is a beautiful old building which opened in 1903, the Chapel is large, quiet and a place for those from all religious beliefs or for those without religious beliefs to have space for reflection. It felt quite emotional and fitting for these daily meetings to be there.

Caseload management & operational considerations

Due to the increase in ICU beds expected we had to free up feeding pumps and capacity. Where it was safe we switched patients on artificial nutrition from pump feeding to bolus feeding and arranged for all of the feeding pumps to be stored in the equipment library, where new ICU wards could access them. We reviewed our caseload to see if any patients could be discharged with inclusion of follow up community plans where relevant to create caseload capacity. The following week we had three members of staff off unwell showing symptoms of coronavirus. It felt terrible to think that staff were becoming ill from working in the hospital. However, we had been briefed that we should expect to catch coronavirus at some point. I was asked to write a contingency plan for how we would manage with one dietitian, two dietitians etc. Fortunately it didn't come to that as we are able to gain help with the adult caseload from two Paediatric dietitians who were temporarily re-deployed and ICU dietitians from different hospitals within the trust. The whole situation felt very surreal, however the team work within the whole hospital was incredible. I felt everyone had a heightened sense of the requirement to be kind which really helped, along with a good sense of humor. Patients were at the centre of people's minds with a view to providing the best care possible.

Weeks 3-4 30th- 13th April 2020

Peak numbers of patients diagnosed with Coronavirus and ICU nutrition

There were 430 staff off at the outbreak peak. The dietetic referral rate dropped by 90%. Our focus was on keeping the ICU patients nutritionally safe. The ICU specialist dietitian led training, supervision and we found the information of the BDA website very useful :https://www.bda.uk.com/specialist-groups-and-branches/critical-care-specialist-group/covid-19-resources-and-links.html. Our ICU patients increased to 23 however the hospital was not able to increase the numbers any further due to the hospital structure and staffing.

ICU were the only ward to not use electronic documentation. Therefore, one dietitian would visit and phone the office to feedback the required information; propofol rates, bowel activity, gastric aspirates, NG feed tolerance, blood glucose levels and fluid balance being some examples. No paper can leave the ICU due to infection control. As many of us had limited ICU experience this enabled us to discuss our nutritional assessments and care plans together, to ensure that the patients received adequate nutrition safely. We had many patients with acute kidney disease requiring renal replacement therapy. At one point there were not enough dialysis machines and therefore these were being shared between patients. We used a lot of the renal specialist feed, which then had supply issues and we were required to review our regimens. I think we all enjoyed the problem solving element of these challenges. They days went very quickly!

Frailty Community Team

We usually have a frailty ward, this turned into a frailty outreach service in the community to try to prevent admissions and treat patients in their own homes. I provided the patient association checklist to this team https://www.patients-association.org.uk/patients-association-nutrition-checklist-toolkit, food first resources, information on frozen meal delivery services, council food parcel contact details, first line nutritional supplements and referral templates to the local community dietitians. We were concerned that patients in hospital may be missed due to reduced nutritional screening. We considered making "food first" packs however decided this could pose an infection control risk.

Weekend working

We have started to provide a temporary weekend service. Everyone wishes to help however as a relatively small team (7 dietitians, 3 dietetic support workers) this has again required problem solving. We are investigating possibilities for how this could work longer term.

Admission avoidance

From an older persons service perspective I have reviewed a few high priority patients over the phone or in ambulatory care. One person who was experiencing dysphagia, weight loss on a background of Parkinsons Disease. Another person with a high output stoma post bowel surgery 6 weeks ago. The nutrition specialist nurse team were able to arrange an emergency gastrostomy for one of these patients as a day case. Our nutrition specialist nurses have been very busy preventing unnecessary admissions relating to feeding tubes.

Nutritional status of those with coronavirus

I have been pleasantly surprised to see that many patients including older patients and even those on ventilation are still managing to eat well - 75% or more of their meals despite their acute condition. As always each patient is an individual with some acute and some chronic barriers to eating and drinking and meeting their nutritional requirements. Softer foods and liquids seem to be easier to manage for many due to shortness of breath. Loss of taste and smell is commonly reported however does not always seem to impact on appetite.

I have contacted two patients who have returned home after being in ICU, both have returned to normal eating and are gradually increasing their activity levels. Those with longer stays in ICU are likely to require longer periods of rehabilitation and nutrition support. We have had to educate some medical teams not to limit food to control diabetes. This was for someone in their 80's who had coronavirus on a background of dementia and insulin dependent diabetes. They had a BMI of only 13.5kg/m2. Close MDT working with the ward team, diabetes specialist team to enable adjustment of insulin for the patients food and nutritional supplements were required. We have continued to have referrals for trials of NG feeding for older people with mild to moderate dementia and or delirium throughout the last month. One of the respiratory consultants realised that many patients nearing end of life were being placed nil by mouth and therefore raised the need for eating and drinking at risk decisions to be made to support patients comfort. It's great that despite our service being less visible, nutrition is recognised as high priority and an important part of a patients treatment, recovery and comfort.

Weeks 5 and 6, The New Norm?

I'm very pleased to say that the number of patients with coronavirus is declining. The hospital is gradually opening up more non-covid (Blue) wards and our service is beginning to return to some kind of normality. Referral rates are increasing, staffing levels have improved and we are reflecting on what changes we can take forward from what we have learned and how we can prepare should there be future "peaks".

It's been devastating to hear the impact this condition has had on older people, especially those living in care homes, their relatives and those providing frontline care. I think community services deserve further recognition for the huge challenges they are facing in very difficult circumstances.

CALLING ALL:

- **Article writers**
- **Award winners**
- **Resource hunters**
- **Event attendees**

A day in the life?
Research updates?
New tools?

If you have something to share with the OPSG community - we would love to hear from you.

Keeping in touch!

Check out some of the many ways you can keep in touch with the OPSG:

Send us an email:
olderpeople@bda.uk.com

Follow us on Twitter:
@BDA_olderpeople

Follow us on instagram:
BDA_olderpeople

Don't forget to check out the BDA website too for up and coming events.

Did you know we have a discussion forum? It's a great place to post all your queries, questions and comments as well as allowing our OPSG members to share knowledge through your answers and responses

Written and edited by Simone Roberts, RD