I-Hydrate - Improving hydration in nursing home residents to reduce morbidity from infection and prevent hospital admissions

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Insufficient fluid intake has an adverse impact on the health and wellbeing of older people. It can lead to urinary tract infections, delirium, constipation, falls, hospital admissions and death. Nursing homes residents are five times more likely to become dehydrated than those living in the community. The I-Hydrate project is using service improvement methodology to design and implement a pragmatic approach to improving the hydration of residents in two care homes in North West London.

Background and Setting

This poster focuses on activity in one care home suite with a 35 bed capacity. A combination of observation and input from staff, residents and relatives was used to map current fluid provision systems, identify factors contributing to hydration and actions that could support these (Fig 1). The proposed interventions, addressing two contributory factors, are circled below.

Proposed Intervention

The data from observations showed that:

- Few residents achieved the daily recommended minimum fluid intake of 1500ml
- Residents received less fluid if they needed assistance or stayed in their room
- Drink selection was limited: mainly tea and squash

An intervention combining a Drinks Menu and Protected Drinks Time was developed to address these issues (Fig 2a&b).

Drinks Menu

- Drinks menu shown to every resident to extend fluid choice
- Residents offered both a hot and cold drink
- Illustrated menu to support choice for those with cognitive difficulties

Protected Drinks Time

- Focused 45 minute period where staff ensure all residents have at least one drink
- Residents receive assistance to drink if needed
- Carer allocated to stay and assist residents in lounge
- Drink refills offered

Methods for Testing a Change

To implement and drive the improvement, Plan Do Study Act (PDSA) cycles were used (Fig 3).

Plan
Use 2 trollies to deliver fluids at designated time; allocate staff responsibilities; make every drink on menu available on trollies.

Do
Test for one afternoon and extend for more days with each PDSA cycle.

Study
Observe the number and type of drinks served, and volume of fluid served and consumed. Qualitative data from staff and resident feedback.

Act
Make changes according to feedback and repeat process.

Results

- Number, volume and variety of drinks served, and fluid intake increased compared to baseline (Fig 4)
- Every resident receiving, and consuming, at least one drink after the 5th PDSA cycle
- Staff and resident feedback positive; many pleased with the increased variety of drinks on offer

Conclusion

The Protected Drinks Time and Drinks Menu has now been adopted as daily routine. Other activities developed to complement this intervention include communication of resident hydration needs through personalised ‘refreshment cards’ and a staff training programme aiming to increase knowledge about hydration in older people.

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