



Northumbria Healthcare
NHS Foundation Trust

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Hydration...the obvious solution?

Dr David Tate

Our journey

- Annual catheter prevalence and management audit – since 2011
- UCAT group – since 2011
- Focus on catheter management (catheter care plan)
- Catheter passport, catheter card
- PHE mandatory surveillance data collected by Consultant Microbiologist therefore very robust
- Analysis of data suggested only half of GNBSI are urinary-related, a third of whom have a urinary catheter insitu



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Why hydration?

- Phase 1 of project (UTI collaborative) was a quick and dirty piece of work that highlighted:
 - Patients weren't getting enough fluids
 - Recording of fluid intake was poor and there was little correlation between what the staff thought they were giving and what the patients actually receive
 - Identified a **FUNDAMENTAL** need to educate staff and patients on importance of hydration both for prevention of GNSBI but also as part of good patient care

The project – Phase 1

- Aim to optimize hydration of older patients in acute hospital setting
- Initial investigation highlighted teams considering hydration but working in silos
- Delivered bitesize education regarding hydration for patients and staff
- Devised a different format which would raise awareness in a clinical environment in manageable way

Placemat trial – Phase 2

- Funding for trial kindly supported by NHSi UTI collaborative
- 32,000 placemats ordered for trial
- 3 Care of the Elderly wards on 3 separate Trust sites

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- 💧 **Drink 6-8 glasses or cups of fluid per day**
- 💧 **Water, tea, coffee, squash and supplement drinks count**
- 💧 **Avoid sugary drinks* and alcohol**
* Unless advised otherwise by your dietician
- 💧 **Drink regularly throughout the day and after mealtimes†**
† Unless advised otherwise by your doctor or nurse
- 💧 **Ask a member of staff if you need help with maintaining your fluid intake**
- 💧 **Make sure your nurse is aware of what you have had to drink**

Placemat trial

- Pre-questionnaire to determine:
 - staff and patient perception and awareness of hydration
 - review of fluid balance charts/documentation
 - patterns of fluid delivery
 - fluid served and consumed
- Introduction of hydration mat
 - two locations in patient environment (meal tray and bedside table)
- Post-questionnaire to determine:
 - effectiveness of hydration mat?

UTI Collaborative Impact

- Opportunities to present at various Trustwide forums
- Prompted further discussion regarding possible solutions
- Collaborative working
- Senior management/executive support
- Hydration is one of the key Trust priorities

UTI Collaborative Impact

Community Involvement – local care homes

“We have 2 Hydration Stations which our residents, families and visitors can use; a hot drinks station and a cold drinks and snacks station easily accessible to promote independence for all our residents.

Our residents are able to get up and make their own drinks independently, some have not had the confidence to do this due to lack of facilities. They have been supported by the staff to grow in confidence, now they are independent in making their drinks and take pleasure in doing so. We are enabling independence and promoting self-esteem for our residents. We are so proud of them all.”

UTI Collaborative Impact

Community Involvement – local Care Homes

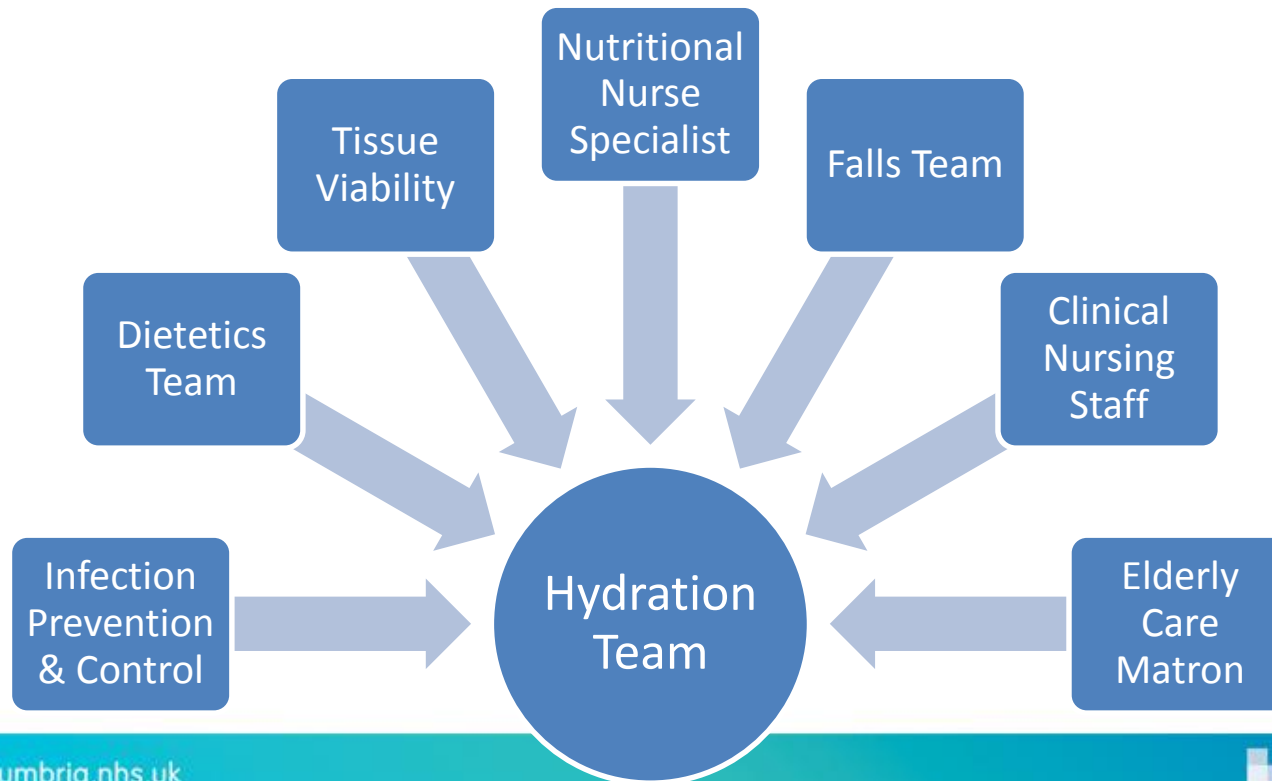


The future

- Evaluate effectiveness of the hydration mat
- Further cascade within Trust
- Consider appropriateness in care homes
- Need for extending the provision of hours for the Nutritional Assistant service
- Education and training
- Solutions for where there are challenges in reaching optimal hydration
- Multidisciplinary Trust Hydration Group

Hydration Team

Led by Nutritional Nurse Specialist



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