

SW London Hydration pilot

#ButFirstADrink

A behavioural change approach to improving hydration in care homes

Charlotte Trumper: Regional hydration program lead

National and ICB project aims

National:

- Support development of evidence base on effect of hydration (a measurable increase in fluid intake) on prevention of UTIs in older people
- Inform choice of hydration interventions to support overall aim of reduction in HA-GNBSIs, antimicrobial prescribing and resistance.
- Demonstrate any improvement arising from the intervention, particularly improvement which is sustainable and reproduceable in other localities.

- ICB:
- Build on the work already carried out in SW London by the medicine optimisation, SALT, dietetic and care home support teams
- Development of a program of work focusing on hydration in health and social care settings.
- Increased knowledge and understanding of what 'good hydration' means and the benefits of it for residents/patients and clients.
- Increased awareness by care home staff on individual resident's hydration needs
- Reduction in the number of Urinary Tract Infections
- Sustained behavioural Change

SW London Pilot Bid

- SW London has the largest population of care homes in London. At the time of the original bid there were 354 care homes with a resident population of 8545.
- Croydon has the highest number of care homes in SW London and one of the most deprived areas in London.
- Pilot to focus on homes in all boroughs
- Residents aged 65 and over



SW London Pilot Bid

Drivers for change:

Trimethoprim resistance – prior to pilot SW London had the second highest levels of resistance in London

ED admissions – prior to the pilot there was a disproportionate amount of older people (>65 yrs) who attended ED departments in SW London for UTIs

Majority of eColi bacteraemia's associated with UTIs were community onset



SW London Pilot Bid



Aquarate hydration product – part of the original bid

The original plan was to introduce a 'smart' mug into 12 care homes in the different boroughs. The plan was then to spread adopt into a further 12 care homes and virtual wards.

The product consisted of a mug (hydra-cup) and associated digital component (hydra track)

It was developed to record 'real time' fluid intake of residents in care homes or for elderly living in their own homes.

Aim was to reduce retrospective fluid monitoring and alert staff to low fluid intake and spills

Used a gateway and the homes WIFI to connect the cup to the database monitoring

Aquarate was a small startup company some difficulties were experienced

#ButFirstADrink!

- A movement developed by a dietitian at Royal Cornwall NHS Trust
- A teamwork approach to improving hydration
- Requires changes in behavior, engagement and enthusiasm
- Already tried and tested in large teaching hospital, showing an increase in the number of opportunities to drink and subsequent increase in fluid intake.



#ButFirstADrink



A quality improvement methodology was used, including stakeholder engagement and Plan-Do-Study-Act (PDSA) learning cycles to influence, engage and educate staff on hydration management.



Quantitative data has been collected by using a form designed around the evaluation partners metrics data sheet.



Qualitative data collected via review meetings with the home managers and senior staff. Staff questionnaires to be sent to all staff to evaluate the pilot

#ButFirstADrink

Collaborative working with all stake holders including, care home owners, care home managers and staff, place leads, digital integration teams and clinical digital educators.

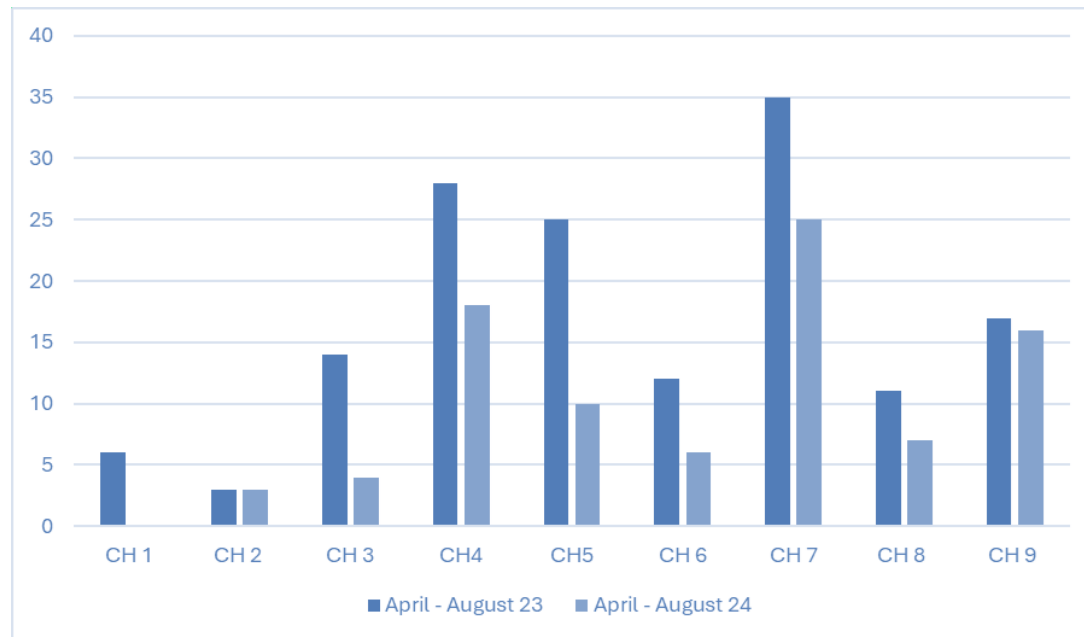
40 homes to be recruited throughout SW London. Aimed for equal amounts in each borough of SW London.

Once recruited CH staff invited to virtual training on the initiative and training on dehydration and the consequences of it on the elderly population

Expectation that the home would be able to launch within two weeks of the staff receiving training.

How the home launched would be for the home to decide. Some have launched with a tea party for the residents' others have huddles and include in their daily handovers

ICB UTI Monitoring



- *From local SW London ICB monitoring using data from Care Pulse, a database used to monitor performance of nursing homes. some care homes are showing a reduction in their UTI numbers. Although this is a small number of homes.*
- *This is not part of the evaluation and does not reflect the true impact of the initiative.*

#ButFirstADrink – ICB review



Prompting residents to drink can have a positive effect and an important aspect in supporting and maintaining the hydration needs of the elderly population



Opportunities to drink have increased, prompted homes to add other tools to help improve hydration



Hydrating residents with dementia is challenging



Fluid intake measuring can be difficult



Continence support required



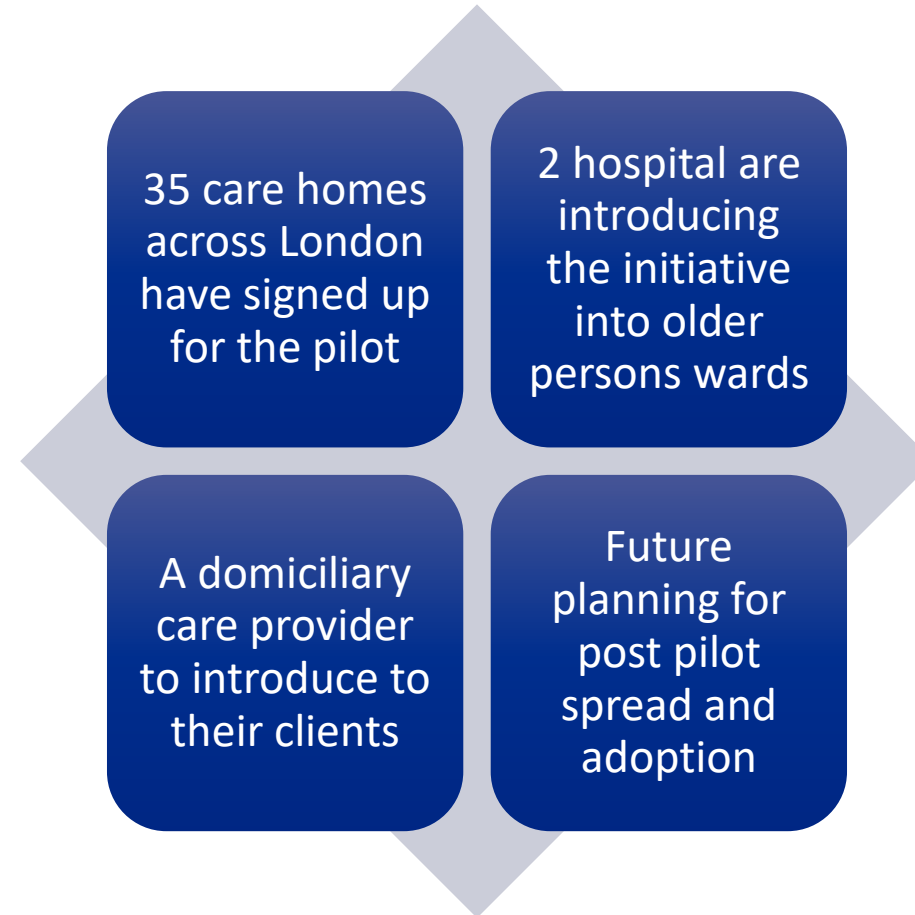
Catheter care requires focus

Spread and adoption

- Part of the original bid was to spread and adopt the smart mugs to other care homes and virtual wards in SW London.
- This changed to spread and adopt to care homes in the wider London region and other health and social care environments such as secondary care, domiciliary care
- September recruitment of London homes commenced collaborating with IPC and public health colleagues



Spread and adoption



Spread and adoption

What else can you do to help?

- Empty bladder regularly throughout the day
- Get up and move about frequently to stimulate the urge to go
- Eat a well-balanced diet to prevent constipation
- Reduce caffeine intake
- Review medication regularly
- Making having drinks part of your daily routine

How can you help prevent dehydration in others

You can help prevent dehydration by:

- Being aware of the early warning signs
- Asking them if they would like a drink.
- Prompt them to drink they drink they have in front of them.
- Make drinking a social activity
- Planning visits around mealtimes to get a sense of what they are drinking and if they have any difficulties drinking.
- Having a look in the fridge or cupboards to check they have enough things to drink
- Encouraging them to attend local cafes / local lunches / visiting voluntary, community or faith organisations with luncheon clubs
- Ensuring both hot and cold drinks are safely and freely accessible
- Encouraging around 8 drinks per day

- Be aware that other food such as jelly, soup, yoghurt, milk puddings, ice-lollies, and some fruits also contain fluid
- Supporting access to both social and health services.
- Have prescriptions regularly updated by the GP, especially if they are prescribed diuretics.

If you are concerned about someone

Who can help?

Your GP or community nurse can provide you with advice or information about preventing dehydration or can provide information on other services which might be able to help.

Other useful contacts

Worried about getting to the toilet on time
– contact your GP or nurse who will refer you to someone who can help.

Issues with a catheter or continence items – contact the continence service:

Having difficulty using utensils or the kettle
– contact your GP for a referral to the Occupational Therapy service.

Having difficulty chewing or swallowing – contact your GP for a referral to the SALT Service (Speech & Language Therapy).

www.behance.net/stephenevansdesign

HEALTHY HYDRATION

Spotting the signs of Dehydration and simple first steps

What is dehydration?

Dehydration is when we don't drink enough fluids to maintain a healthy balance in our body. Water makes up 70% of our body and we need fluids to help digestion, flush out waste and toxins and to keep skin health and reduce the risk of infections, such as Urinary Tract Infections (UTIs). Older people are more susceptible to dehydration by not drinking enough fluids, and not replacing fluids lost during the day. This is known as low-intake-dehydration.

Who is at high risk?

You, or someone you care for, may be at risk of dehydration if you:

- Are dependent on others for provision of or access to fluids
- Are elderly and frail
- Have neurological problems, such as dementia or parkinsons
- Have swallowing problems
- Have a raised temperature
- Have diarrhoea and / or vomiting
- After you have taken part in physical activities
- Have incontinence problems and anxiety about going to the toilet, especially at night-time

Possible signs of dehydration

- Drinking less
- Feeling thirsty
- Headaches
- Tiredness
- Dry mouth / lips
- Poor oral health
- Confusion
- Small amounts of urine
- Dark Urine
- Urinary Tract Infection (UTI)
- Constipation

What should you drink?

- Aim to drink at least 6 – 8 cups or mugs per day.
- Any fluids, except alcohol, eg milk, water, tea*, coffee*, fruit juice.
- Also eat foods that contain fluids such as jelly, ice-lollies, yoghurt, soup, fruit such as melons.
- Drink regularly through the day.

*Tea, coffee and some fizzy drinks contain caffeine which, if taken in large quantities, can contribute to dehydration. Try alternatives such as decaffeinated tea and coffee.

Increasing confusion

Brain 75%

Dizziness leading to falls

Blood 83%

Poor oral health

Eyes 90%

Kidney stones

Lungs 80%

Constipation

Heart 79%

Urinary Tract Infection (UTI)

Bones 22%

Pressure Ulcers

Muscles 75%

Liver 85%

Kidneys 83%

Intestines 75%

Skin 80%

Education

Part of the pilot is to offer a package of education, this includes:

- Pilot training on How to run the pilot
- Dehydration and the consequences
- PAN London September Webinar 2023
- Ad hoc training when requested
- PAN London September Webinar 2024
- Conference
- Managers forum February 2025
- PAN London webinar March 2025
- Education package and training post pilot

- 60 homes have had pilot and dehydration training
- Around 600 people attended the first webinar
- Over 600 attended September's webinar
- Feedback suggested the need for a forum style event



South West London

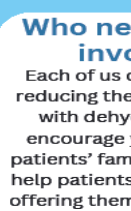
#ButFirstADrink



To reduce the risk of dehydration, start each point of contact by offering your patient a drink. Whether the purpose of your contact is for medical or social reasons, take this opportunity to remind, encourage and assist your patient to have a drink.

Why is hydration so important?

 Tiredness	 Falls	 Pressure Ulcers
 Dizziness	 Acute Kidney	 Constipation
 Headaches	 Injuries	 Length of stay
 Confusion	 Infections (UTIs and GNBSIs)	



What type of drinks should I offer?

Both hot and cold drinks count towards the daily fluid intake a patient needs. Offer tea, coffee, hot chocolate, water, cordial, fruit juice, smoothies or milk.



Please seek advice if the patient is nil by mouth, on thickened fluids or has a fluid restriction.

Who needs to get involved?

Each of us can play a role in reducing the harm associated with dehydration. Please encourage your colleagues, patients' families and carers to help patients stay hydrated by offering them a drink with each contact.

#ButFirstADrink – Care home Feedback



residents are taking part in more activities than they use to!



Every resident now always has a drink Infront of them



Staff awareness has significantly increased



Wound healing is quicker!



We have not had any UTIs since starting the pilot



A resident's mobility has improved

Challenges

Some homes have a large population and do not have the capacity to measure all resident's fluid intake, most homes are measuring fluid intake of those residents that are at risk of dehydration or UTIs.

Due to care home commitments, we have had 18 homes who declined to participate, a review of these homes is currently taking place.

Data collection and availability of data.

Conclusion

There is a presumed level of sustainability, its easy to implement and no funding required

Requires continued enthusiasm and engagement, drive to take it forward.

Its innovative, free, increases staff awareness with some local evidence of improved overall health and well being of residents

It has also shown locally to increase opportunities to drink, increase fluid intake in most.

Future proofing

Identification of issues raised during the pilot

Design and implementation of education package available to all care homes

Standard setting in line with policies and CQC requirements.

Recommendations to all stakeholders
