



Improvement : Improving understanding of the risk of dehydration at Hawkhurst Community Hospital

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Problem statement:

Patients in our community hospitals are at risk of dehydration and this could lead to an increased rate of urinary tract infections (UTIs), Acute Kidney Injury (AKI), falls and acute hospitalisation. Symptoms of dehydration may include low blood pressure, light headedness and development of, or an increase in baseline confusion. This increases the patient's risk of having a fall and potential for serious harm, for example a hip fracture. These consequences of dehydration can impact on the patient's recovery, length of stay within a hospital setting and their overall wellbeing.

SMART aim:

To reduce the average number of UTIs at Hawkhurst Community Hospital from 1.8 to one per month by October 2023, and reduce incidences of AKI and falls, through increasing team and patient awareness of the risks associated with dehydration.

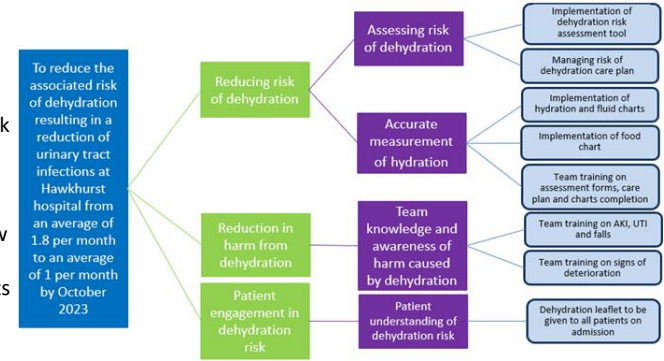
Measures to track improvement:

The SMART aim links with the the *Better Patient Experience* We care objective at our trust, by reducing risk and improving patient outcome.

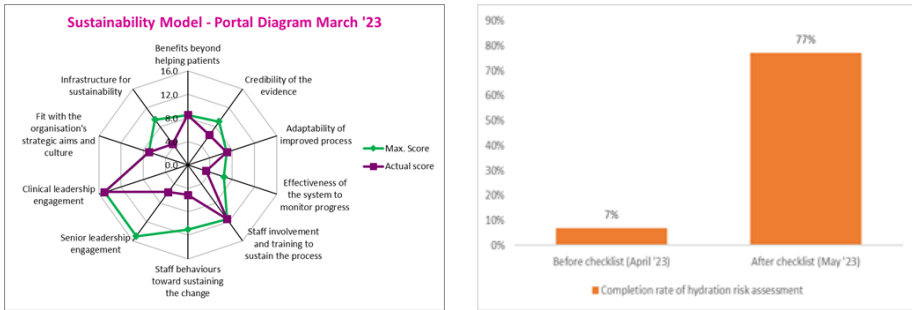
There are also links to the *Putting Communities First* objective by optimising length of stay within the community hospitals and the *A Great Place To Work* as the ward team will be involved in decisions around implementation and will be supported with training and processes, to allow them to discuss hydration with their patients in a more informed manner.

Tests of change:

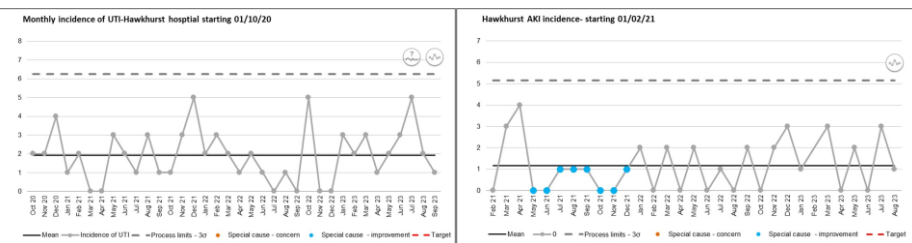
- February 2023, project introduced to team and awareness raised of patient hydration needs.
- February/March, team training.
- March, patient hydration leaflets given to patients on admission and new dehydration risk assessment tool, fluid balance chart and hydration chart introduced.
- April, established nutrition and hydration champion and clearer guidance for bank and agency staff.
- April, completion of dehydration risk assessment added to admission check list due to low completion rates on audit.
- April, May, June and September, audits of risk assessment tool and fluid monitoring charts completion rates. Reflection and learning for AKI patients shared with ward staff.
- October, Patient hydration leaflets laminated and placed on information boards by the beds.



Data:



Incidence of UTIs and AKIs have remained stable over the duration of the project:



Results, what we learned and what's next:

Following the changes made from March 2023 onwards, the number of UTI incidents has not reduced and remains an average of 1.92 per month, this is the same for AKI. However, **falls have reduced from 10 to eight per month on average during the time period.**

The team have been actively involved in the project and are discussing hydration regularly with patients, during their daily huddle and are raising concerns with senior team members as needed. The improvements around knowledge and assessing for risk have become business as usual for the team.

What's next? The project will be shared with the other community hospitals and recommendations made to reduce the risk of dehydration developing in community hospital patients and the associated incidents of UTI, AKI and falls. It is hoped this will also support bank staff who work across sites to have a greater understanding of dehydration risk.

The project team are also supporting the Infection Prevention and Control (IPC) team with a QI project around catheter acquired infections which builds on this project.

