

Care of older people and others with cognitive impairment in acute care.



Care Assurance
Standard- 10.

Royal Infirmary of Edinburgh - Ward 205
Laura, Steph, Caitlin and Elane.

getting to know me

This information will help staff to support you. It will help us get to know you, understand who and what is important to you, and how you like things to be.

We invite you, your family, friends and carers to complete this information with as much detail as you want to share with us.

Please ask a member of staff if you need any help to complete this information.

my name: my full name & the name I prefer to be called

the person who knows me best:

home, family & things that are important to me:
your family, friends, pets or things about home

I would like you to know:

anything that will help the staff get to know you, perhaps things that help you relax or upset you

my life so far: this may include your previous or present employment, interests, hobbies, important dates & events

Food, Fluid and Nutritional care.

Care assurance
standard- 8.



Eat Well Get Well Stay Well 

Making **MEALS** Matter

- M** Manage the environment to allow people to eat in a welcoming, clean and safe area
- E** Create a relaxed atmosphere to enjoy the meal experience
- A** Assist people who require help with eating and drinking
- L** Limit non-essential interruptions to focus on providing support at meal times
- S** Staff and visitors recognise the importance of meal times as part of local care

Help us to make our meals matter

Aims

- ❖ Identify and raise awareness of older peoples needs within ward 205.
- ❖ Identify and raise awareness of the importance of food, fluid and nutrition.
- ❖ Create and implement the identified changes.
- ❖ Monitor and maintain the implemented changes.

Identify opportunities for positive changes.

- * Our CAS link nurses carried out ward surveillance and reviewed current practice.
- * The findings of the ward audits highlighted opportunity to enhance the ward environment and meal-times.
- * Promote the use of appropriate tool-kits e.g Getting to know me.

Implementing changes

- * Engaged with OPAH specialist to ensure high quality standards were implemented.
- * Evaluated best practice evidence relating to improving nutritional intake.
- * Introduced signage throughout the ward to reduce disorientation in order to create an enabling and supportive environment.

Implementing changes

- * Introduction of meal-time co-ordinator.

Mealtime
Co-ordinator

- * Achieved best practice by introducing our standard operating procedure, resulting in a positive change of ward culture
- * Encouraged the use of Getting to know me, admission checklist and end of bed clipboard documents.
- * Promoted awareness of “think delirium” campaign.



Implementing changes

STANDARD OPERATING PROCEDURE

MEAL ROUNDS

Breakfast = 0730 - 0800, Lunch = 1200 - 1245, Dinner = 1700 - 1730.

CWS or HK will be designated as a Mealtime Co-ordinator prior to meals being dispensed. Co-ordinator will call menus out for hostess to plate and staff to give to patients also identifying patients who require assistance.

- 1145 + 1630 CSWs and HK will give all patients trays for their meal containing condiments and cutlery.
- Each patient will be offered a hand wipe on their tray prior to receiving their meal.
- Patients are positioned ready for meal time with table in front of them at 1130 and 1630.
- All staff will help with meals, meal time protected, no ward rounds/ medication rounds/ physiotherapy/ occupational therapy will take place during the 1/2 hour of meal time.
- Cannot stop A+E admission or Theatre, however try and liaise with these areas at time meals to try and avoid patients coming to the ward whilst meals are being dispensed.
- All hot meals must be covered with a "hot hat".

Menus

Menus are completed during the afternoon giving assistance if required. Completed menus are left for collection of Ward Hostess. Remember menu cards have section to complete if patients require assistance.

Tray collection

All staff should help to collect in trays.

Remember it is EVERYONE'S job to fill in food and fluid charts.

Jennifer Jarvie & Stephanie Mudie, Food Fluid & Nutritional Care Link Nurses 2018

Checklist

Weight on Admission

Height on Admission

MUST completed

Water low completed

Falls Risk on Admission

TRAK Nursing Risk Evaluation

If Needed

Food Chart

Fluid Chart

Valuables checked on Admission

Jennifer Jarvie & Stephanie Mudie, Food Fluid & Nutritional Care Link Nurses 2018

CSW & House Keeper's Nutritional Guidance

07:30 HK - Breakfast

CSW - Teas & Supplements (Prescribed for 08:00)

10:00 Teas & snacks & Supplements (Prescribed for 10:00)

11:00 Table Cleaning & Fill Any Empty Jugs

12:00 Serve Main & Pudding

12:15 Tea/ Snacks & Supplements (12:00)

14:00 Tea, Snacks, Jugs & Supplements (Prescribed for 14:00)

16:00 Table Cleaning

16:45 Soups, Trays & Hand Wipes

17:00 Serve Main & Pudding

17:15 Tea & Snacks

18:00 Supplements (Prescribed for 18:00) & Table Cleaning

20:00 Tea/ Snacks & Supplements (Prescribed for 20:00)

Jennifer Jarvie & Stephanie Mudie, Food Fluid & Nutritional Care Link Nurses 2018

Bake sale

- ❖ Our bake sale raised £400
- ❖ A great team effort- colleagues helped with baking, buying and selling all the cakes.
- ❖ We intend to create a patient/relative area and purchase dementia clocks.



Twiddle Muffs

- * To distract confused/delirious patients from cannula sites

Twiddlemuffs



We have been gifted a number of these for use with our patients.

- They have been shown to help settle some restless and agitated patients with dementia / cognitive impairment.
- For infection control reasons they can only be used for single patients.
- Regular safety checks should be made to ensure that the twiddle items are secure and not coming loose.
- Please keep assessing throughout each day how appropriate it is for patients with dementia to keep twiddlemuffs because patients may become disorientated and their behaviour may become unpredictable.

SN Sheena Leslie
6/6/18

Outcomes

- * Enhanced the patient experience of meal-times.
- * Created a positive change in culture when caring for older people and others with cognitive impairment within our clinical area.
- * Improve accurate completion of documentation in turn to improve patient centred care, high quality care and patient outcome
- * Enabled our CAS nurses to develop new skills and knowledge.

Thank you

- * Thanks for giving us the opportunity to share our CAS success