

# The Importance of Hydration Across the Whole Organisation in the Healthcare Setting



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We seek to address the development of malnutrition/nutrition strategies for elderly patients and those living in care settings. Rather than look at the issue from an academic view to which there are a plethora of these, this article aims to place into context what needs to happen to embed a strategy into an organisation from a management perspective, so that the outcomes can be delivered consistently every day. We will draw on the experience of supporters of the Nutrition and Hydration Week campaign who have shared with practical examples of how they have enhanced their hydration provision in various health and care settings. As with all aspects of Nutrition and Hydration Week, we will demonstrate the positive angle of an approach to the strategy, so it would be referred to as a nutrition strategy rather than as malnutrition. Prevention is better than cure, and nutrition and hydration is fundamental to everyone's care regardless of their nutritional status. The goal of this article is to enable an organisation to identify the importance of hydration, for those people it employs, to the benefit of those it cares for, and how to ensure that policies it puts in place do not become just another document, sitting on a shelf keeping all the other dusty documents upright. Organisations need to embed a successful hydration strategy in their people and culture.

## Why?

Why is hydration important regardless of nutritional status? Good hydration keeps electrolyte levels balanced, blood pressure and blood volume normal, aids digestion, nutrient transportation, and kidney function. If an elderly

person – in particular – becomes dehydrated, they have the added risk of mental confusion. Fluid intake is therefore also vital for all staff members to maintain their own health, brain function and prevent future cognitive impairment.

One of the main benefits of good hydration in patients is to help prevent falls. Falls can mean life changing complications in the elderly, so if we maintain and promote good hydration it can mitigate against these potentially massive changes to their independence and quality of life. For those recovering in hospital, or at home, after surgery or following other injuries where there is a wound, fluid is a vital component of recovery. Hydration aids in wound healing by allowing for the transportation of nutrients to the wound and removing toxins.<sup>1</sup> Given the human body is made up of an average 50% fluid, it is vital this level is maintained, as any decrease can have a downside effect on the major organs and their function. Hydration aids digestion and supports appetite and is required for good nutritional care as it helps in the breakdown of food transport nutrients and helps with the removal of waste and assists in the prevention of constipation.

Why is a strategy of promoting, and reinforcing, good workforce hydration important to an organisation as a whole? The organisation will benefit if the staff member's overall wellbeing is supported, for example:

- ensure concentration and being fully alert during the shift,
- home visit carers will be more alert to the health and wellbeing of service users,
- staff on their feet all day need to keep up good fluid intake to protect joints – especially hips, knees and ankles,
- vehicle drivers – such as meals delivery staff – will have fewer accidents,
- promote general wellbeing to ensure staff do not feel fatigued and have fewer headaches at the end of a shifts.

Indeed, the Royal College of Nursing resource *Rest Rehydrate Refuel* highlighted that a study in the NHS revealed that 36% of staff were dehydrated when arriving at work.<sup>2</sup> With low access to fluids during a shift this situation is only exacerbated across the working day. The study 'Using urine samples and short-term memory tests, the study also found that 45% of participants were dehydrated at the end of their shift, and that cognition was significantly impaired in dehydrated participants'.<sup>3</sup> This resource provides tips, case studies and further information related to health care and is an excellent reference point for further information.

Everyone must be involved. NHS England's 'Ten Key Characteristics of Good Nutritional Care', point number 10 states – care providers should take a multi-disciplinary approach to nutrition and hydration care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.<sup>4</sup> Adhering to this model will ensure a top-to-bottom approach to good hydration within an organisation, from its leadership to the frontline – everyone has to understand.

Where the strategy is to be implemented in a complex organisation, like a health trust, it is best to avoid medical and specialist terminology. Keep the targets clear for all, i.e., '1.6 litres per day' rather than '20 ml per 1 kg of weight for an adult'. While the latter will be appropriate for a specialist it is better to define the target in a manner that can be understood across the entire service, that all staff can operate to.

In a care setting, specific intake targets will be set by the specialist and recorded in the care plan. What will be key is to record fluid that is not drunk, then use that data to calculate actual intake, record it and from those results understand what do next.

Training is key as it will underpin the organisation's hydration strategy – to make all staff aware of the background to why hydration is important for those that they care for, but also for themselves as individuals. Sessions do not have to go into great detail about hydration – they can be based around the level of information in this article. There will be staff who do require further in-depth training, but as a whole it is the general information that should be understood, to underpin successful implementation of the strategy. Everyone needs to understand good hydration and how to support it across the organisation. This strategy-based session should take between 30-45 minutes to deliver, including time to answer any questions from staff.

### Case study: Organisation 'A'

In Organisation A, a Food Safety, Nutrition and Hydration Policy was put in place from day one of the organisation setting up. The policy was well written with all the key points and procedures clear and easy to read, and it appeared easy to understand but it was kept in a file alongside many other policies. It was literally 'lost' after it had been written, as were many other policies and procedures undertaken at the formation of Organisation A.

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It was identified by senior managers that the procedures in the policy were neither widely understood, or followed, as there was no specialist advice or training for frontline workers. The organisation’s senior managers decided the way forward was to train everyone in the organisation about the Food Safety, Nutrition and Hydration Policy. In a previous guise the training provided were courses on these subject areas – when staff could access them – with maybe only 30 staff attending each year. A commitment was made to train all 600 staff on the areas of the policy that directly affected their roles.

A training timetable was put in place, with the aim of training around half the staff in the first year, then the remainder the following year with an ongoing programme thereafter to enable any new staff to attend the training. A day’s training was allocated for everyone, to gain a basic understanding of the policy, tasks at hand and why they were required to support the people on their care. For hydration, the emphasis was also placed up on the staff themselves to take on the key messaging for their own wellbeing.

The outcomes from the training initially found that parts of the policy – although not those for hydration – were not fit for purpose as the policy writer had made too many wrong assumptions. Feedback allowed these to be addressed so that the written policy document reflected the real-world model of service delivery.

As the training was rolled out it became clear from the feedback received, that as delegates went back to their respective workplaces, they were taking on board the training very well. When asked for examples about various aspects of the provision, answers followed what was in the policy. This was a clear indication that the training which had been provided to those in the delivery of frontline services had understood the benefits to those that they care for and were sharing this information with colleagues who had not yet attended the training programme.

This was evident after about half the staff were trained.

A key learning point with this – and any other policy or strategy development – is to ensure it is fit for purpose and effectively consult those who are responsible for service delivery at point of contact.

## Other learning points

Training was also fundamental to embedding the policy guidance, as it provided the staff with the *why* they need to conduct certain tasks on a regular basis. It highlighted the key points for further support and actions for those in their care. And detailed when to escalate concerns along the management chain.

## Conclusions

Hydration is a vital component of good nutritional care and should be included in everyone’s care plan, understood and recorded as required. Embedding any strategy requires training so people understand why there is a strategy, the key messages and information about the core subject of the strategy, in our case hydration. What are the benefits and outcomes? Will they include wider staff members?

Keep the terminology and language used in the policy clear and understandable for all, so all staff involved can follow it and see its importance. Learn from others where you can, utilise various contacts and conduits of information sharing. Nutrition and Hydration Week is a good source for this and then follow up with likeminded people.

## Footnote

Look out for the tips being shared on our social media feeds during the six weeks from Spring Bank Holiday Monday on a Monday and ‘Thirsty’ Thursday each week. The tips have been shared with us by people like yourselves working on the frontline of health and social care. During October we also share a tip a day for Making Mealtimes Matter on social media.

References: 1. Ousey K, et al. (2016). The importance of hydration in wound healing: reinvigorating the clinical perspective. *J. Wound Care*; 25(3): 122-130. 2. Royal College of Nursing (2018). Rest, Rehydrate, Refuel. Accessed online: [www.rcn.org.uk/healthy-workplace/healthy-workplaces/Health-and-safety/Rest-rehydrate-refuel](http://www.rcn.org.uk/healthy-workplace/healthy-workplaces/Health-and-safety/Rest-rehydrate-refuel) (April 2022). 3. El-Sharkawy AM, et al. (2015). Hydration and outcome in older patients admitted to hospital (The HOOP prospective cohort study). *Age and ageing*; 44(6): 943-947. 4. NHS England/Department of Health and Social Care (2015 review of 2011). 10 Key Characteristics for Good Nutritional Care Accessed. online: [www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics/](http://www.england.nhs.uk/commissioning/nut-hyd/10-key-characteristics/) (April 2022).