



The
Queen's
Nursing
Institute

Research webinar:

Living well in older age in the
community: research into nurse-led
interventions

SUMMARY

25 January 2024

1pm - 2pm, via Zoom

#QNIRearch



Dr Ben Bowers QN, Community Nursing Research Consultant, The QNI, ben.bowers@qni.org.uk, [@Ben_Bowers__](#)

- Welcome to everyone, we're delighted to have this webinar today featuring some great speakers. Thank you to all of them for their time and expertise.
- Our Community Nursing Research Forum is a national forum for community nurses who are undertaking or considering carrying out research and those keen to be more research aware.
- It aims to strengthen the capacity of community-based nursing research through peer support, mentorship, and supporting personal development and research opportunities.
- There are currently 820+ members across the UK.
- We offer monthly newsletters about research and research activities, webinars, masterclasses.
- There are website resources as well as a mentorship scheme, to help develop your research career.
- To sign up and/or find out more,
 - go to: <https://qni.org.uk/nursing-in-the-community/community-nursing-research-forum/> or scan the QR code right



The Holistic Assessment and care Planning in Partnership Intervention

Study Dr Helen Lyndon RN PhD, Nurse Consultant Older People/Research Fellow University of Plymouth South West Clinical School

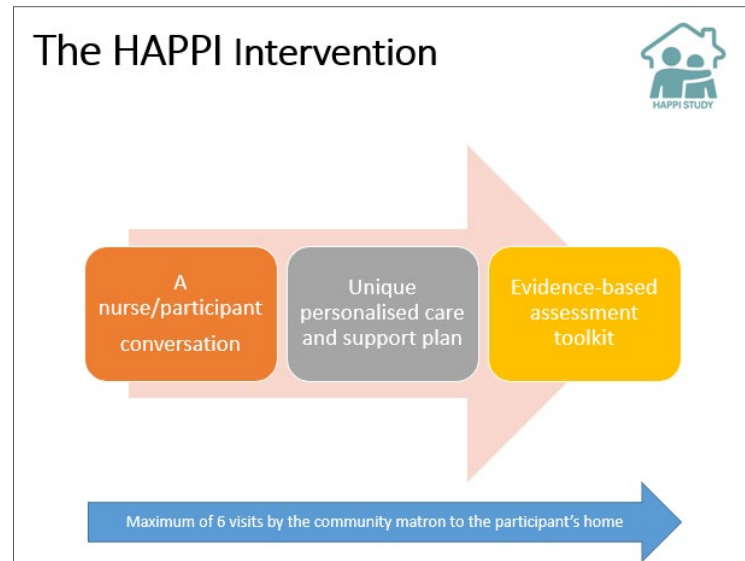
- I completed my PhD study on this in 2022, “A mixed-methods feasibility study of a nurse-led, holistic assessment and care planning intervention for older people living with frailty in primary care”
- Frailty is not normal ageing, it is a distinct clinical syndrome associated with ageing, which can be distinguished from normal ageing processes. Characterised by weakness, slowness, lack of mobility, weight loss and loss of independence.
- Frailty is devastating for individuals leading to multiple adverse outcomes – falls, fractures, loss of independence, depression, loneliness and death.
- It costs the NHS £5.8 billion every year.
- Frailty can be managed by addressing individualised risk factors via a Comprehensive Geriatric Assessment (CGA), the gold standard intervention for frailty management. Yet it is not clear whether the CGA model can be successfully delivered in primary care led by alternative clinicians such as nurses.



The Holistic Assessment and care Planning in Partnership Intervention

Study Dr Helen Lyndon RN PhD, Nurse Consultant Older People/Research Fellow University of Plymouth South West Clinical School

- We aimed to develop, implement and test a nurse-led Holistic Assessment and care Planning in Partnership Intervention (HAPPI) and to determine important parameters for the design of a definitive RCT
- Phase 1: developing the intervention with e-Delphi survey: emphasized the need for further exploration and testing in subsequent study phases to ensure the inclusion of essential components in the final holistic intervention for frailty in primary care.
- Phase 2: Testing feasibility of the intervention using Feasibility RCT. Recruited 50 moderately or severely frail participants aged 65 and over.
- Phase 3: Exploring patients, carers, clinicians experience through 16 interviews with six trial participants, two carers of participants in the intervention arm; five community matrons; three general practice administrators.



The Holistic Assessment and care Planning in Partnership Intervention

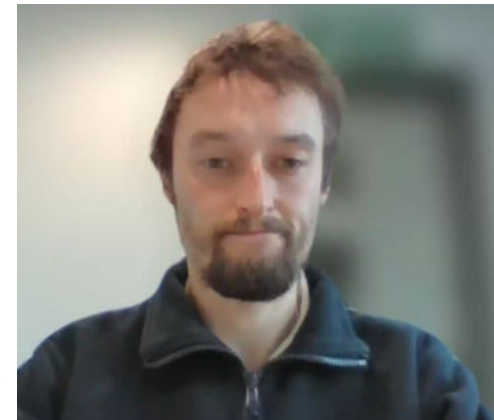
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- The implications we found were that nurses can feasibly lead holistic assessment and care planning for frail older individuals in community and primary care.
- The study identified components of Comprehensive Geriatric Assessment (CGA) deliverable by nurses without specialist involvement, addressing real-life constraints.
- Older individuals with frailty valued the support provided, considering it an improvement to current primary care for frailty.

Community based nurses' knowledge, attitudes, and practices in the nutritional care of older people: Results of a UK survey

Ashley Shield, Nurse Specialist, Newcastle Hospitals NHS Trust

- I'm a Band 6 nurse, working in community with older people, employed by Newcastle upon Tyne NHS Foundation Trust.
- This work was completed during a 1 day week National Institute Health Research internship through the trust and extended with funding from NIHR BRC Appetite study, for up to approximately 12 months.
- My co-authors include a dietician based in London, a professor of nutritional epidemiology at Newcastle university and a professor/geriatrician colleague who works with my community team.
- The study focuses on the impact of nutrition on the health of older people and the role of nurses in addressing nutritional issues.
- Existing research on nurses and nutrition, particularly in the context of older individuals with chronic conditions, is limited.
- The survey involved 194 registered nurses working with older people in the UK, primarily in community settings.
- The results highlighted variations in knowledge about specific nutritional components among nurses, with a core focus on fluid.



Community based nurses' knowledge, attitudes, and practices in the nutritional care of older people: Results of a UK survey

Ashley Shield, Nurse Specialist, Newcastle Hospitals NHS Trust

- Training primarily came from employers and private companies, supplemented by informal knowledge sharing among colleagues.
- Despite a majority of nurses expressing confidence in delivering nutritional advice, there were gaps in assessing components such as fiber and protein.
- Most nurses identified nutritional care as a multidisciplinary team responsibility, with a high percentage engaging in nutritional screening.
- Few found it challenging to identify patients in need of nutritional advice.
- The study recommends further exploration of nurses' knowledge, attitudes, and practices in nutrition, involving patient experiences, and calls for the development of evidence-based training resources for both pre and post-registration nurses.
- **Resources:** BDA spotting and treating malnutrition: <https://www.bda.uk.com/resource/malnutrition.html>
- BDA Eating, drinking and ageing well:
<https://www.bda.uk.com/resource/eating-drinking-ageing-well.html>
- 7 day food diary: using diaries (if they are able) is very useful to guide conversation, explaining things in the context of their diet and what they are eating, trying to make small encouraging changes - but this depends on us having good knowledge, attitudes and practices

Hydration Care Research

Dr Diane Bunn, Associate Professor of Nursing Research, University of East Anglia

- Although hydration and nutrition are closely linked, they're quite separate in lots of ways. For example descent into dehydration is much quicker than in nutrition. The way we drink is different socially.
- 1 in 4 older people are dehydrated - dehydration is highly preventable
- Two main types of dehydration: 1. low intake dehydration: when you don't drink enough to replace normal fluid losses such as sweat/urine/respiration/faeces. This is the most common form of dehydration. 2. Salt loss dehydration where you lose both water and salt, occurs in vomiting, diarrhoea etc
- Older people are more at risk for physiological changes, physical frailty, cognitive frailty, reduced social contact (we drink more when we're being social), behavioural/psychological.
- Best test available to check for dehydration (blood sample): serum osmolality is gold standard



Hydration Care Research

Dr Diane Bunn, Associate Professor of Nursing Research, University of East Anglia

- We recruited 56 care homes 188 residents and we asked all residents to take part - we had to go through care home managers and received consent
- Found that tests usually used do not work to tell if someone is dehydrated
- Our recommendation we should not be looking for dehydration we should be preventing it. We should be asking different questions ('would you like a drink?' rather than, 'are you thirsty?')
- Urine colour also shown not to be as accurate as previously thought. For example pale yellow urine is not indicative of good hydration. We should assume all older adults are at risk of dehydration.
- Recommended fluid intake: in men at least 2 litres every day, in women, at least 1.6 litres during a 12 hour period. And it doesn't have to be water, it can be in any form.
- Recommendations: providing drinks more frequently, offering preferred drinks in favourite cups, drinking together as a social activity and making drinking into fun activities (tea tasting etc)



Hydration Care Research

Dr Diane Bunn, Associate Professor of Nursing Research, University of East Anglia

- People's tastes change as they grow older. Tea and coffee is fine, although beware of the very sweetened drinks.
- DrinkIt: four part guide co produced with care home staff from 11 care homes in Norfolk and Suffolk.
- 8 care homes currently using DrinkIt to see if the guide works.
- Also working with Brazil, translated into Portuguese
- Working with AgeUK Norwich, leaflets have been created with myth busters and other tips. <https://www.ageuk.org.uk/norwich/our-services/hydration/>
- Every sip counts!



Activities-based approach to support drinking in care homes

<p>Tea parties</p>  <p>"Good start to the hydration study, I had two extra cups of tea. I'll come again!"</p>	<p>Films</p>  <p>"It made the years melt away, as if I was back in time." "Feel like being spoilt."</p>	<p>Lemonade making</p>  <p>"It is tasty. That was lovely!"</p>	
<p>Fruity kebab</p>  <p>"Lets do this more often."</p>	<p>Discussion group</p>  <p>"I love being in a group."</p>	<p>Games</p>  <p>"I enjoyed it. I don't normally play other than at Christmas."</p>	<p>Others ...</p>  <p>WATER Just Drink It!</p>

Thank you to all delegates who attended today's Masterclass.

NEXT SESSIONS:

- ✦ 4 March, 1pm – 2pm – Masterclass: Developing research questions (w/ Alison Richardson and Isabelle Madden)
- ✦ 15 May, 1pm – 2pm – Masterclass: Choosing appropriate research methods (w/ Clare Jinks)
- ✦ TBC July – TBC Masterclass
- ✦ 25 September, 1pm – 2pm – Masterclass: Conducting systematic reviews and critical literature reviews (w/ Diane Bunn)

Book here: <https://qni.org.uk/news-and-events/events/>



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COMMENTS

A selection from delegates:

Thank you for three really great presentations. Very inspiring!

I am doing a small hydration QIP and this has been so helpful!!!

Thank You - most interesting.

Thank you so much for this session Ben and speakers. I've taken away a lot of points, and hearing the findings has inspired me to think about the impact of research on practice

This was great thank you

Really interesting work Ashley - thanks so much

This is a really good piece of research which will impact many elements of care - wound care, pressure risk prevention and management, end of life care.

Thank you everyone :)

We need more Dianes!

