Nutritional Support in Hospital (NoSH) Project

Lucy Gilby & Josh Pettit
Healthcare Support Workers
Referred by her son

Unhappy, refusing to eat, refusing meds and aggressive to staff

Identified pain

Ensured adequate pain analgesia - changed to patch

Made sure staff got her out of bed every day

Discovered her love of dancing – used music at mealtimes

Myrtle started eating again
Aim of NoSH

- Our aim is to improve nutrition and hydration in patients with dementia whilst in hospital using a person centred approach.

- People with Dementia are high risk for malnutrition and dehydration (up to 50% in the community/70% in hospital - ADI 2014).

- Staff report difficulties getting people with dementia to eat and drink.

- High incidence of dramatic weight loss in hospital.

- Research shows that what we do in hospitals is not good practice for people with dementia.
The NoSH Model

- Three Tier Pathway
- Discovered need for a ‘Watch List ‘
- Third Tier was not used
Core Support

Each patient with dementia admitted to the trust will receive basic components of the pathway:

- Regular weights
- Nutrition assessments
- Food and fluid charts
- A red tray at mealtimes
- Alternatives to water in bedside jug
- A bento box (snack box)

A big part of our job is reminding staff to do this and keep an accurate record.
Bento Boxes

Standard 1

Standard 2

Soft

Lighter
Enhanced Support

- Tailored to individual needs
- Involving family, patient and care team
- 5 smaller meals per day
- All food offered on a picture menu
- We encourage/buy familiar foods
- Food and fluid goals
  - E.g. Minimum fluid intake of 750 mls daily and minimum of ½ to ¾ of each meal.
- Regular reviews by the NoSH team
Myrtle’s Meals
Finger food platters

Developed by Sodexo as a finger food alternative for mealtimes
‘Vive Petite’ range

Smaller portions served in ceramic dish with high lip
Holistic aspects

- Music during and outside mealtimes
- Aromatherapy
- Hand massage/Relaxation
- Activity – social eating, games, stimulation
Staff Feedback

Bento boxes have had a big positive impact’

‘It has completely changed the way I practice’ (Dietician)

‘I think what is most important is the positive impact the NoSH HCAs have had on ward HCAs’ (Consultant Geriatrician)

‘It’s marvellous – I saw the poster above the bed and was very impressed’ (Consultant Physician referring to the Eating and Drinking Goals)

‘The patients nutritional needs can often be overlooked during an extended emergency department visit and the team were able to respond to this when the need arose.’
Is it a Success?

- Yes - running 6 months

- 160 patients have been in the programme

- 1/3 have required enhanced support

- Pre and post Audit – early signs are increased weight stability, reduced infection rates and decreased length of stay

- Greater recognition of patient’s nutritional needs

- Acknowledgement that Health Care Support Workers can be specialist too!
The Future

- Project duration 12-15 months
- Developments in enhanced support menu
- Starting a business case to make the roles permanent
- Hope to embed this role as a specialist HCSW role in the future
Myrtle was a charming, sociable lady.

She gained 4kg whilst in hospital.

She completely changed the attitude of the nurses on the ward.

Any Questions?