Making today matter - Everyday

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Making today matter

Making today matter' is our everyday business. We not only look after people's physical needs, but also their needs as individuals and important members of their own families/social networks. Patients wish to mark a special occasion – bringing Christmas forward or supporting a couple to get married - during their time with us, and it is our aim to support them wherever we can. Special events and celebrations are held to create memories for the future. We also look at the nutritional aspect of all catering which is provided to patients and where they are assessed to be requiring additional nutritional support this is undertaken by the hospice team. A nutritional chart/tool has been developed to identify which patients could be at risk.

This is undertaken in a variety of ways :

Staff and volunteers work together to help plan and facilitate special events for patients – we assess nutritional status in the food provided to ensure that health and well being is supported.





Our patient/family engagement project requests feedback on the patient and visitor experience whilst attending the hospice.

One of the comments received from a relative whilst visiting the hospice said:

"Think it would be great if you also had a board up of all the staff members to help people recognise certain members of staff."



Patients have a nutrition tool (fig 1) which has been developed consisting of a visual or physical assessment to calculate BMI, followed by a flow chart to enable staff to know which route to take when risk of malnutrition is identified (fig 2).

Ayrshire Hospice NUTRITION TOOL						NameAddress			
Patients who we can calculate weight and height and therefore BMI should be nutrition screened by this method.									
Patients who cannot be weighed and have their height measured should be nutrition scored using the subjective indicators. Where a patient has refused/declined to be weighed subjective indicators used []									
BMI score >30kg/m ² <20kg/m ²	0 1	Weight loss <5% 5 - 10% >10%	0 1 2	Acute disease effect score If patient is acutely ill & there has been or is likely to be no nutritional intake for more than 5 days				2	
Score: 0 = Low Risk, 1 = Medium, 2+ = High Risk Height:									
Date:									
Weight									
BMI Score:									
Score:									
Plan:									
Note: In the absence of height and weight (measured or recalled), the following subjective indicators can be used collectively to identify individuals at risk of malnutrition. One point for each indicator present:									

- Physical appearance eg thin or very thin
- History of recent unplanned weight loss $\hfill\square$
- Loose fitting clothing/jewellery, need for assistance with feeding, changes in appetite and problems with dentition
- Risk of under nutrition due to current illness $\hfill \square$
- Increased nutritional needs as a result of disease $\hfill\square$
- Presence of swallowing difficulties which could impact on ability to eat and drink $\hfill\square$
- The individuals ability to eat and drink; how does current intake compare with 'normal intake?

We loved the idea and went one step further to install a TV screen showing names and photos of those staff on duty. It can also be used to display any important information to our patients and their visitors.



Conclusion

The care we provide goes above and beyond treating physical symptoms. It is difficult to measure the impact of the 'extra' effort that staff put into looking after people's needs in any tangible way, but the gratitude people feel is clear to see; "Thank you.....for our beautiful wedding – balloons, food, service, flowers, location, driver who took me to get wedding rings, cake, bubbly. You made our day so very special."

Feedback from providing special events for patients and their families shows that we are creating memories for the future. One comment received was:-

"Your care allowed us to share one last fantastic birthday with our Nana. We made lovely memories that day and your staff were brilliant!"

fig 1