

Enhanced Care for Older People
Learning Session Number 10
Using and Creating Evidence for Enhancing Care for Older People

Dr Claire Pryor, Assistant Professor: RN:A, Northumbria University

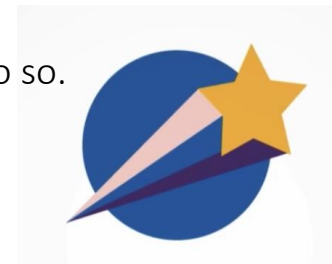


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Enhanced Care for Older People

EnCOP Lead: Angela Fraser Date: Tuesday 23 August 2022

Housekeeping

- Please ensure microphones are muted and during presentation cameras are turned off.
- The event will be recorded and shared.
- The webinar recording and presentation will be circulated and uploaded on to the website following the event.
- If you have any questions during the session then please use the chat facility. We will attempt to address questions, if we can't then we will follow up after the event.
- Please also use the chat facility to inform us of any technical issues as this will be monitored closely throughout by one of the EnCOP team.
- Occasionally you may have difficulty seeing or hearing video clips that are played, this will usually be due to your own device or software settings and not something we can influence during the webinar session. Please be assured all content will be shared following the event so you will have an opportunity to view afterwards.
- If you need to take a break at any time throughout the session please feel free to do so.



Session Aim & Linked Competencies

- **Aim:** To enhance or develop knowledge and understanding the prevention, identification, assessment and management of sub- optimal hydration with older people

Linked EnCOP Domains:

Domain A: Values, Attitudes and Ethical Practice
B: Evidence Based Care : Supporting learning, leadership and improving care for older people
Advanced 3: Advanced Influencer: Enhancing Care for Older People through Education and Research



Using and Creating Evidence for Enhancing Care for Older People



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Enhanced Care for Older People

Dr Claire Pryor
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Claire Pryor

Claire's interest and love of healthcare started at a young age as a cadet in St John Ambulance. As a teenager she developed her first aid skills, alongside leadership and advocacy. Claire often could be found at local football stadiums and music events providing first aid cover.

Whilst studying for her nursing degree, Claire worked as a nursing assistant in a local care home. Claire enjoyed providing care and support for people across the life span, but was provision.

Upon graduation, Claire worked for 4.5 years in an acute medical assessment unit before moving to critical care. Following this, Claire took a Band 6 position in intermediate care, providing nursing care and support for people in their own home. This included hospital avoidance, discharge support and advanced clinical skill provision. Cross covering the out of hours district nursing and palliative care services expanded on Claire's knowledge and skills, whilst refining her focus on the complexity of older peoples care and multimorbidity and frailty. Claire's last clinical position was as an older peoples specialist nurse/advanced nurse practitioner providing cover and support for organic and functional mental health services. In this role, Claire explored parity of esteem between physical and mental health, and advancing service provision. Here, Claire commenced her Doctoral research into the mental health nurses experience of providing care for people with delirium superimposed on dementia (DSD).

Following her transition to full time academic work at Northumbria University, Dr Claire Pryor is now an assistant professor in the department of Nursing Midwifery and Health. Claire's research and educational interests span frailty, anatomy and physiology of ageing and allied advancing nursing and healthcare education. Claire is subject specialist for non medical prescribing, and module lead for frailty. Claire also holds external examiner positions in two University's for frailty and non medical prescribing provision.



PhD, MSc. Advancing Healthcare Practice, PGC Advanced Practice (Clinical), PGC Teaching and Learning in Professional Practice, NMC Teacher (NMC/TCH), V300 Independent & Supplementary Prescriber, Fellow Higher Education Academy (FHEA) Registered Nurse Adult (RN).



Session aims

- Domain B
- Types of evidence for different activities
- Knowledge and practice
- Audit and research
- For knowledge and practice!

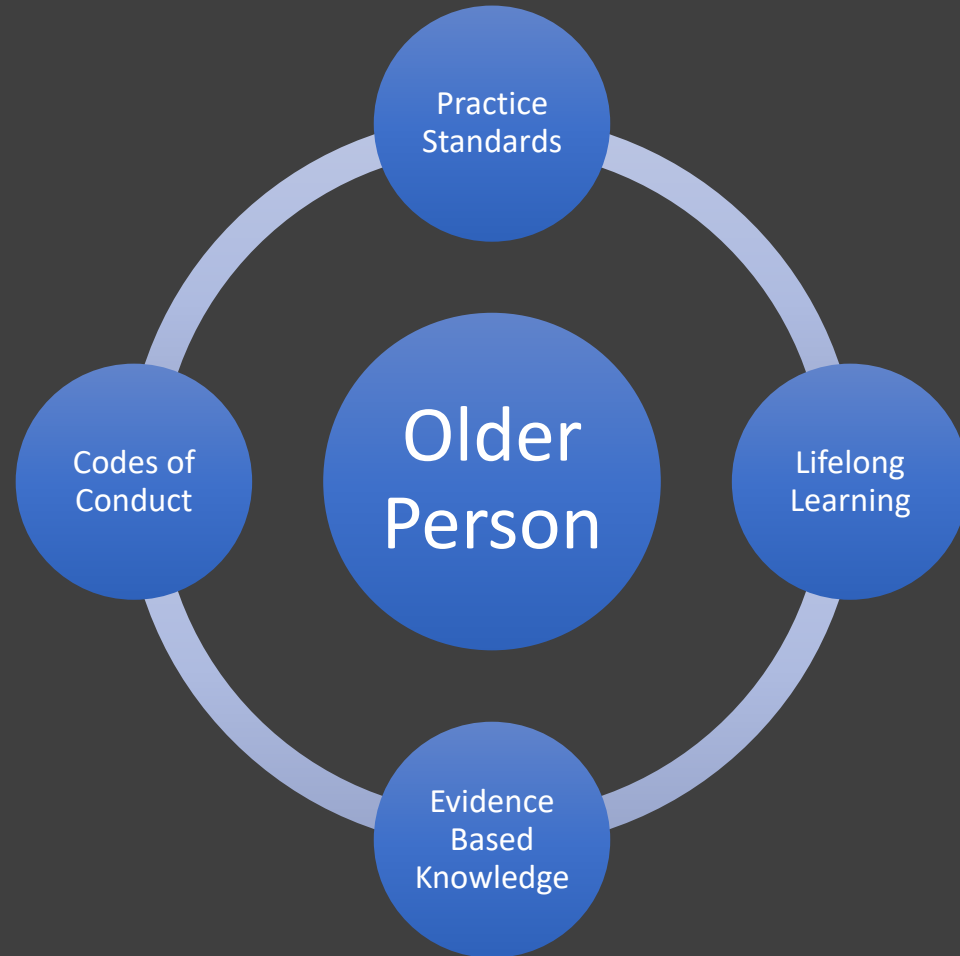


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Evidence is Essential

- Healthcare support workers and Adult social care workers (DH & skills for Health 2013) 6.4 4. *improve the quality and safety of the care you provide with the help of your supervisor (and a mentor if available), and in line with your agreed ways of working.*
- HCPC (2018) eg Physio 12.1 *be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures*
- NMC (2018 update) 6 *Always practise in line with the best available evidence*
- NMC Nursing Associates (2018) 1.7 *describe the principles of research and how research findings are used to inform evidence-based practice*
- Gphc (2017) standard 4 *People receive safe and effective care when pharmacy professionals reflect on the application of their knowledge and skills and keep them up-to-date, including using evidence in their decision making.*

Engagement with Evidence



Evidence Based Healthcare



Patient Preference

Best Evidence

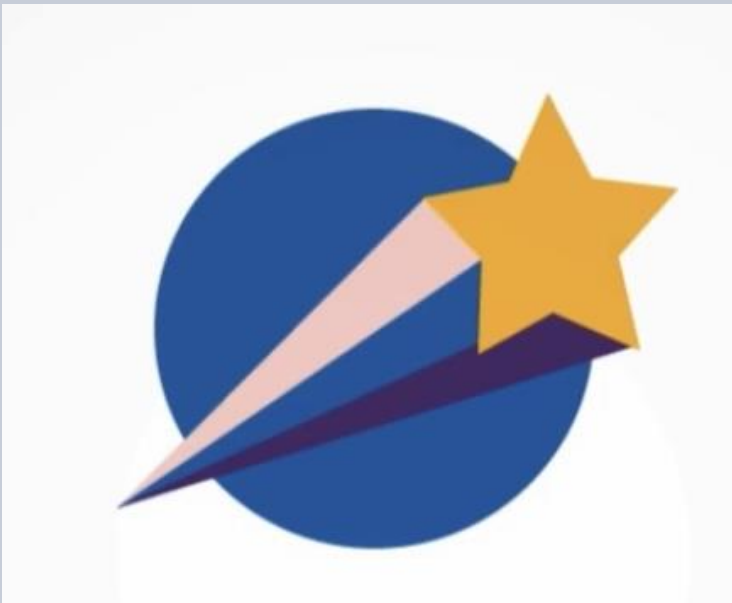
Available Resources

Justified Practice Decisions



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Engagement with Evidence



- Clinical reasoning
 - Thinking and decision making to take “wise” action
 - Based on knowledge, evidence, and experience
 - Decisions daily
- ? What’s the problem (why is it a problem)
- ? What should be happening (how do you know this)
- ? How can we change or improve (how do you know this will work)
- ? Who can help
- All decisions should be justifiable and backed up with EVIDENCE



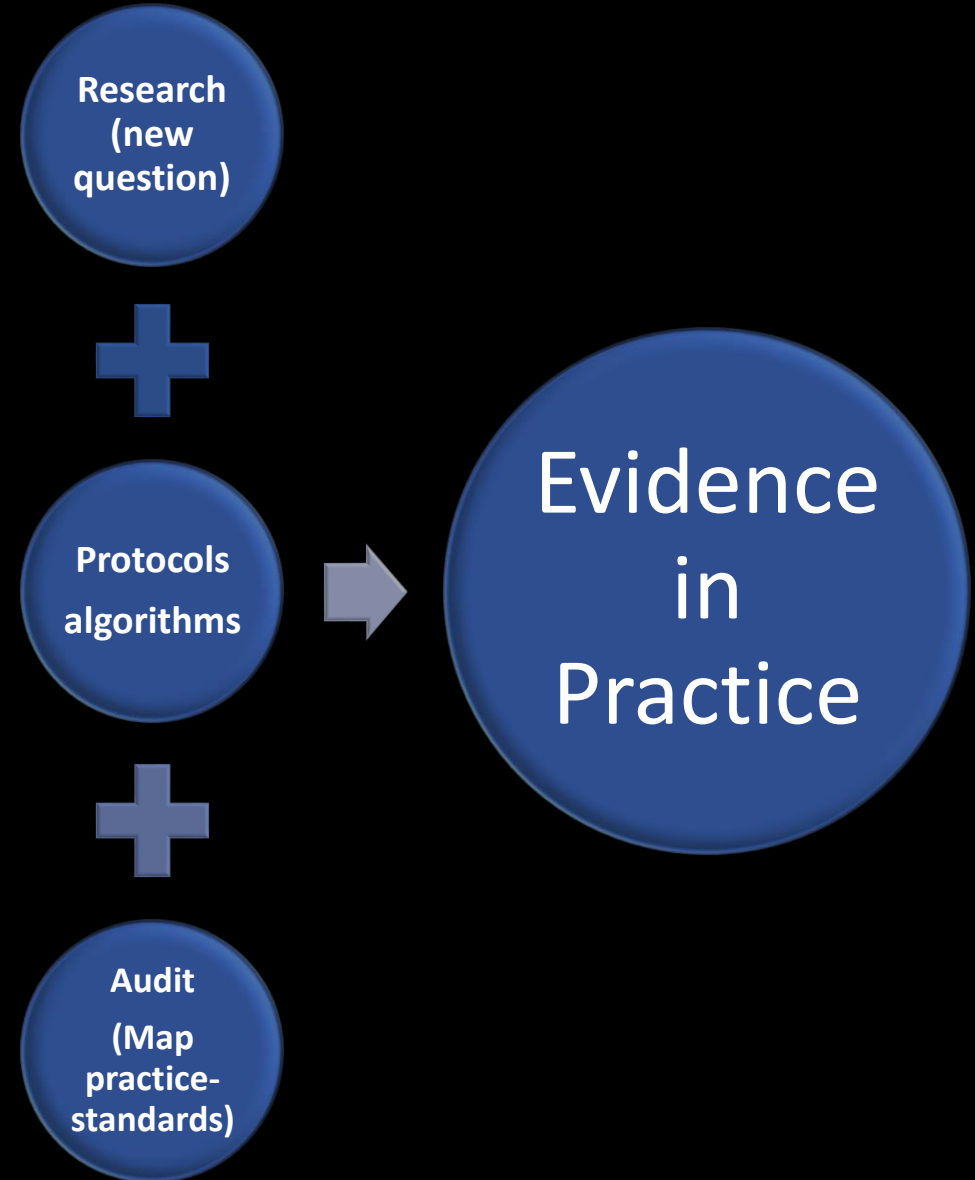
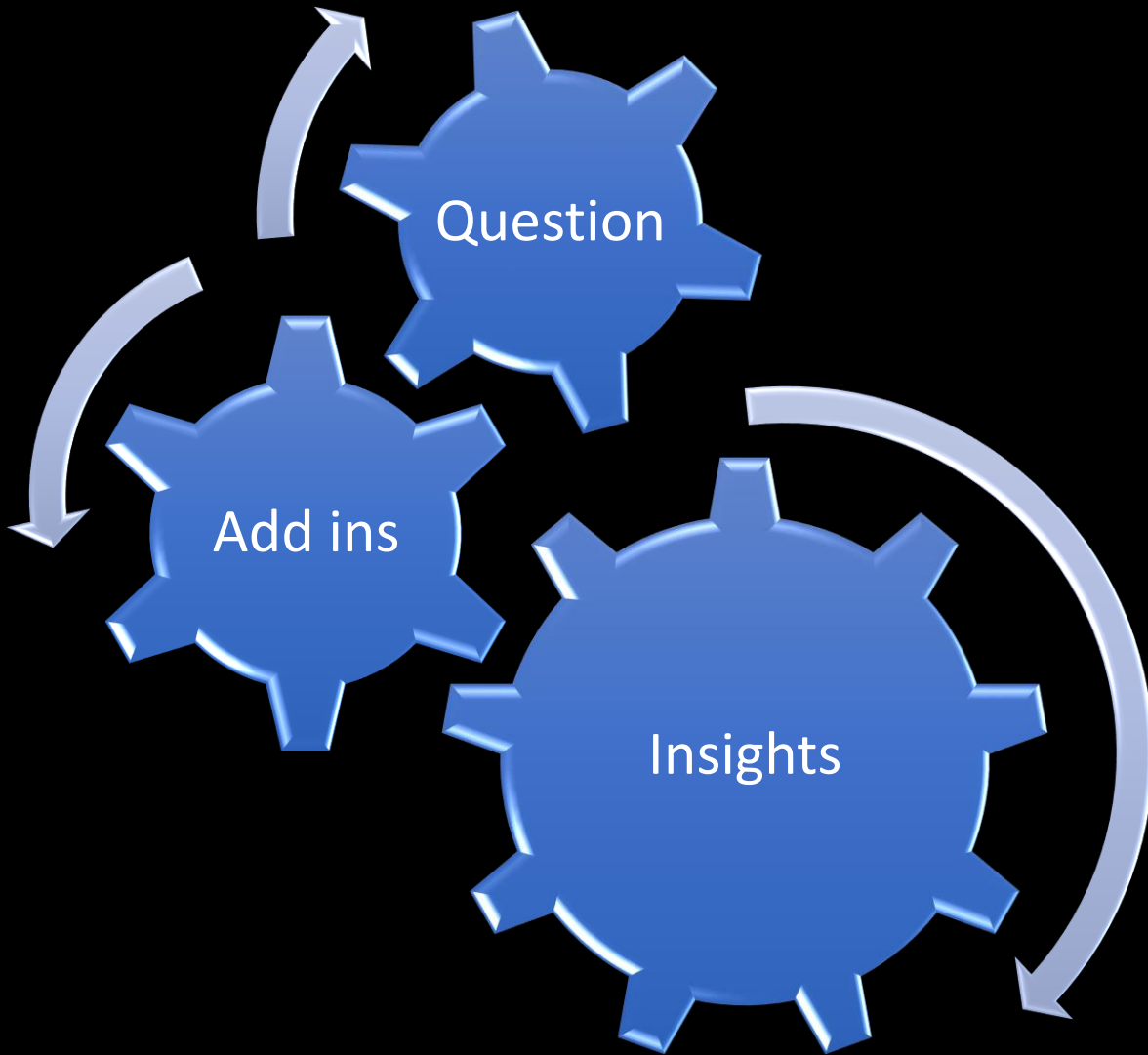
What is “Evidence”

The Art and Science

- Diagnostics
- Observations
- Aesthetic knowledge
- Policy/guidelines
- Gut feelings!



What is it? What does it do?



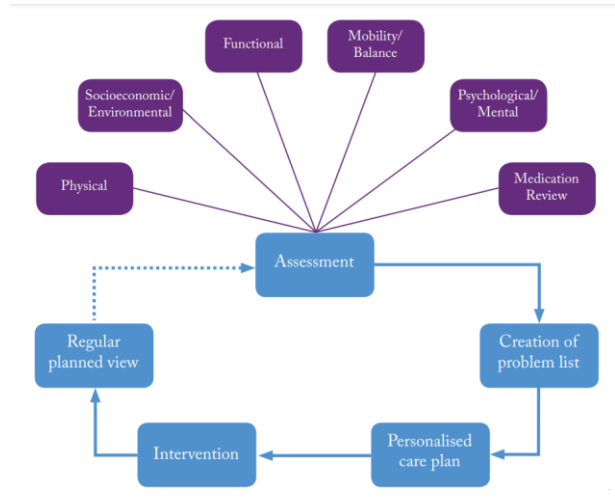
Clinical Frailty Scale*

- 1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
- 2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are **very active occasionally**, e.g. seasonally.
- 3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.
- 4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.
- 5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
- 6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

- 7 Severely Frail** – Completely dependent for **personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
- 8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.
- 9 Terminally Ill** – Approaching the end of life. This category applies to people with a **life expectancy < 6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia
 The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal. In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
 2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.
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Evidence for practice

Knowledge

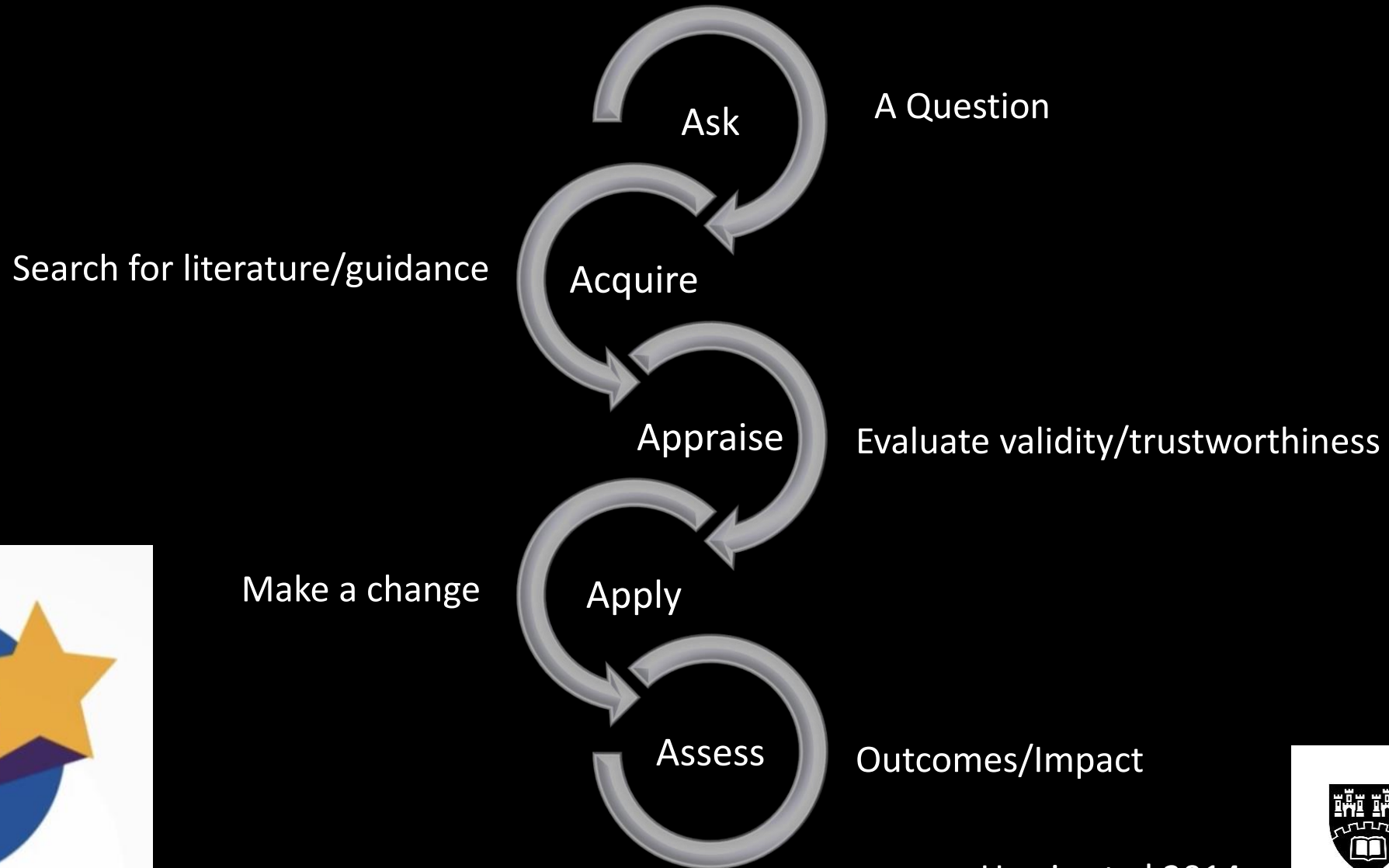
Skill

PRISMA-7 Questionnaire

PATIENT QUESTIONS		
1. Are you older than 85 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you male?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. In general, do you have any health problems that require you to limit your activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you need someone to help you on a regular basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. In general, do you have any health problems that require you to stay at home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. If you need help, can you count on someone close to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you regularly use a stick, walker or wheelchair to move about?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total checked: ___		



Using Evidence: 5As



Harris et al 2014



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Research vs Audit



Research



Discovers the right thing to do



A series of 'one-off' projects



Collects complex data



Experiment rigorously defined



Often possible to generalise the findings



Audit



Is the right thing being done



Cycle of reviews



Collects routine data



No experiments!



Shines a light on one setting



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HERE at least??

Personal Research Scale



Research aware



Reader of Research



Consumer of research

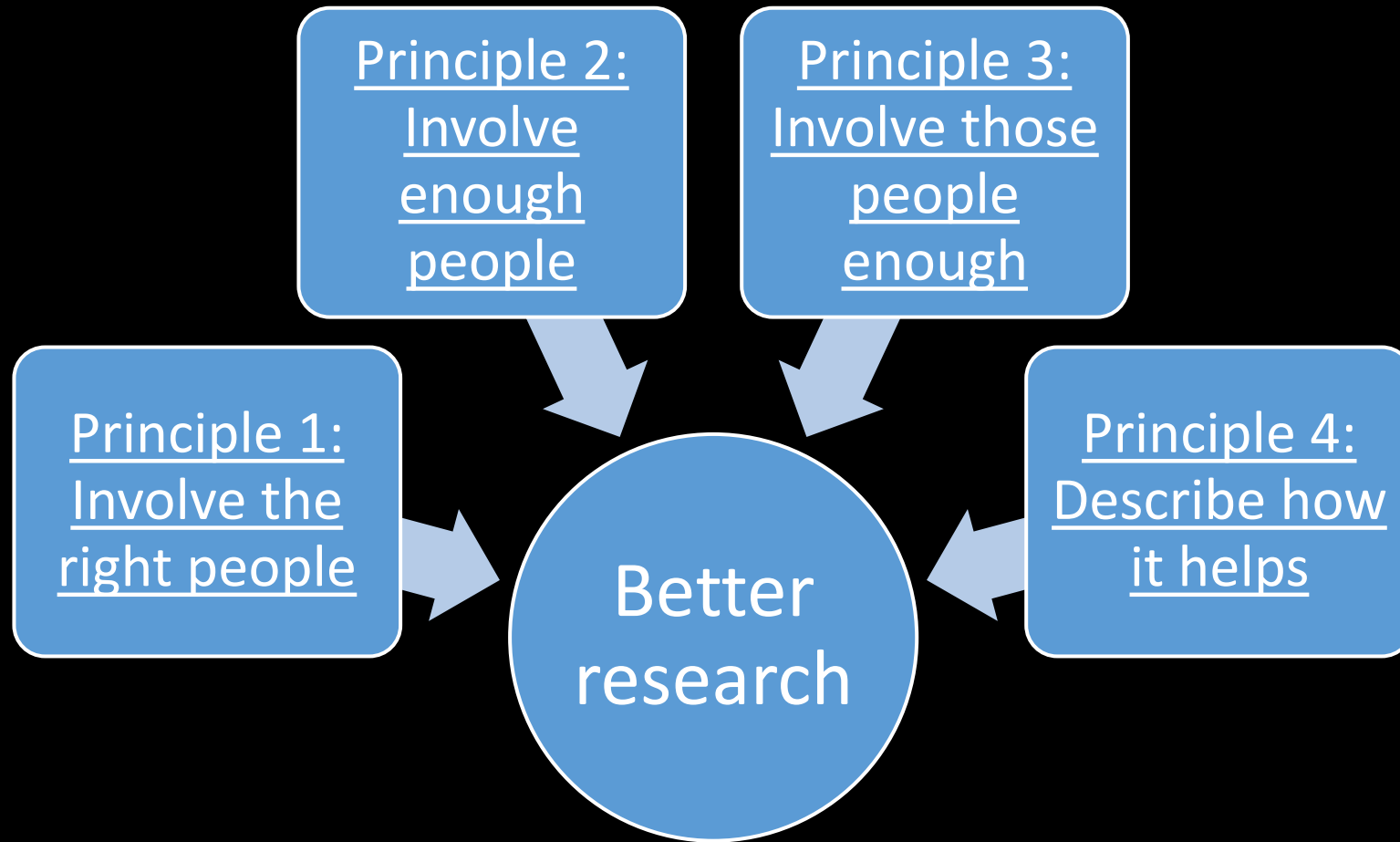


Utiliser of research



Public involvement

Done *by* or *with*- *not* to or *about* people



National
Data

Audit for Quality Improvement

Local
data

“Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements.

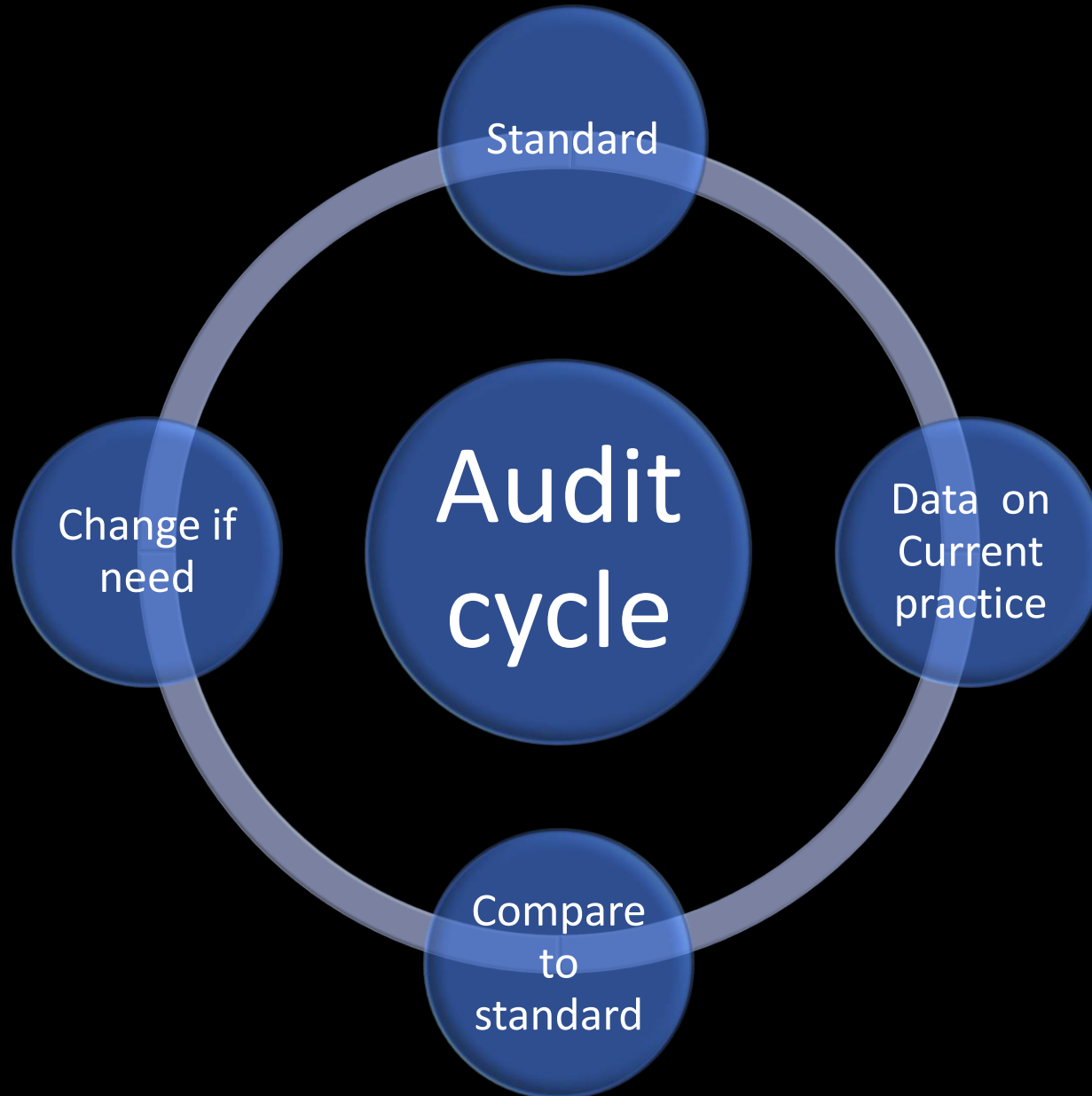
The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients” (NHS England 2022)

30 national audits:
National Clinical Audit
and Patient Outcomes
Programme (NCAPOP)

Your
Bright
Spark

15 national & regional
audit networks :
National Quality
Improvement and
Clinical Audit Network
(NQICAN)





Evidence and you

Protects

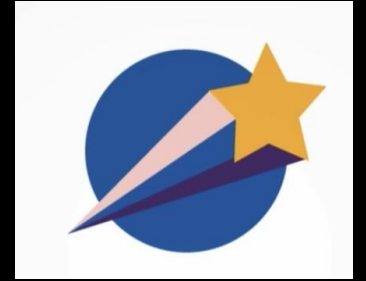
**Assurance and
confidence**

**Knowledge:
What & Why**

**Demonstrated
impact**

**Professional
codes**

References and Reading



Aveyard, H and Sharp, P. (2009) *A beginner`s guide to Evidence Based Practice in health and social care*. Maidenhead: Open University Press.

Comprehensive Geriatric Assessment/Frailty Resources available at: <https://www.bgs.org.uk/resources/resource-series>

Dawes, M. Davies, P. Gray, A. Mant, J. Seers, K. and Snowball, R. (2005) - *Evidence-based practice: a primer for health care professionals*. 2nd Edition: London, Churchill Livingstone.

ENCOP Resources available at <https://frailtycare.org.uk/making-it-happen/workforce/enhanced-care-of-older-people-with-complex-needs-encop-competency-framework/>

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Raîche, Hébert, Dubois, and the PRISMA partners. (2017) User guide for the PRISMA-7 questionnaire to identify elderly people with severe loss of autonomy. Available at:

<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/frailty-prisma7.pdf> (Accessed 17/08/2022)



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Thanks





Ideas for Learning Consolidation & Competency Conclusion

Consolidating Learning:

Reflection on the session & considering application to practice & what this means 'your people'

- Think about this session in relation to your own role
- How much of this was revision?
- What have you learned today ?
- How will this help you in your role ?
- Think about your EnCOP self-assessment; consider which performance indicators this session may relate to and how this can be used as part of your own development / competency achievement.

A: Values, Attitudes and Ethical Practice

B: Evidence Based Care : Supporting learning, leadership and improving care for older people]

Advanced 1: Advanced Influencer : Enhancing Care for Older People through Education and Research

Feedback about today's session and any future sessions you may like to see included in our webinar series....

All feedback welcomed; You may want to consider the following –

Was it easy to book onto the session?

Did you find the session went well in this online format ?

Was the content of the session relevant to your area of practice / job role?

Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in?

Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: ghnt.encop@nhs.net





**More information can be found within
the Frailty icare website**

www.frailtyicare.org

Our EnCOP pages are located in the
workforce section

**EnCOP Library of Learning &
Development Resources can be found**

at:

<http://frailtyicare.org.uk/making-it-happen/workforce/enhanced-care-of-older-people-with-complex-needs-encop-competency-framework/encop-learning-resources/learning-resources/>

