Staff Education and Training on EAT, DRINK, DRESS, MOVE (EDDM) Principles to Prevent Hospital Acquired Deconditioning

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HOSPITAL ACQUIRED DECONDITIONING

- Sedentary behaviour is a huge problem for patients in the acute hospital setting.
- Acute medical and surgical patients in hospital spend >90% of their time sedentary, often completing less that 1000 steps a day (1).
- Hospital Acquired Deconditioning (HAD) is associated with adverse outcomes and increased risk of harm, including:
- Pressure injuries
- Venous thromboembolism
- Pneumonia
- Falls
- Delirium
- Poor psychosocial function
- Loss of independent function and mobility
- Increased length of stay
- Increased care and therapy needs on discharge

The Emergency Care Improvement Support Team (ECIST) launched the #ReconditionTheNation programme in November 2022, with support from NHS England and social care, to:



- - Improve staff wellbeing by introducing joy in their work (2).

As part of #ReconditionTheNation, I rebranded and launched EDDM as a multidisciplinary approach to care that supports patients to actively participate in their recovery, whilst in hospital, by:

- Eating and drinking well,
- Washing and dressing in day clothes and footwear,
- Engaging in movement and activities

Research has identified gaps in health care staff knowledge and theoretical understanding of deconditioning, with a strong belief in the need for more education on prevention (3).

An improvement in staff education and training may therefore remove some of the barriers to promoting activity and mobility for patients in hospital.

AIMS

- 1. Engage multidisciplinary (MDT) staff from Health Care of Older People (HCOP) at Queen Elizabeth Hospital, Birmingham (QEHB) in #ReconditionTheNation launch.
- 2. Improve MDT awareness and understanding of HAD within HCOP.
- 3. Develop a sustainable staff training programme which raises awareness of **EDDM principles** to tackle HAD to engage wider clinical areas, sites and other NHS Trusts. To include:
- **Theory** sessions on HAD in relation to nutrition, hydration, function, mobility, infection, continence and dignitity in care.
- Practical sessions on measuring and providing mobility aids, practical application of ELITE manual handling risk assessment using case studies, and how to educate and encourage patients to engage in activity.



4. Empower health care staff and students to engage in continuous improvement to prevent deconditioning and improve care within their own areas of work.

METHOD AND APPROACH

- Inclusive Leadership
- Stakeholder engagement:
- HCOP Therapies Pledged to #ReconditionTheNation.
- Shared vision: 'To practice an appreciative inquiry approach to improving care for our patients by preventing deconditioning'.
- Established a Frailty and Deconditioning steering group with HCOP Nursing Geriatrician Consultants and Therapy engagement to identify gaps and improvement areas.



- Delivered 'Just-in-Time' Frailty and Deconditioning training on wards with nursing staff.
- Expanded Frailty and Deconditioning training to be included in Trust MDT Rolling Programmes for nursing and medics.
- Rolled out an EDDM Physiotherapy Student Placement model across HCOP wards with positive feedback from staff, students and patients.
- Developed a sustainable quarterly Trust EDDM Study Day for all registered and non-registered multidisciplinary staff

Direct implementation:

- Re-branded EDDM graphics, created patient information leaflets and posters.
- Established EDDM Champions on each ward.
- Developed an EDDM resource toolkit on staff intranet.





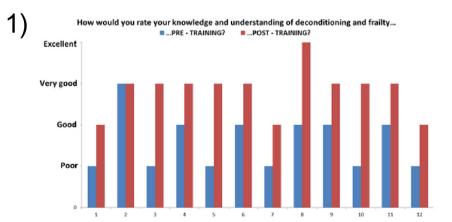




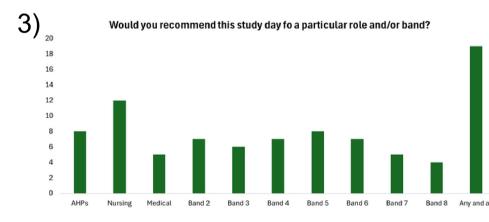


EVALUATION AND IMPACT

- Staff continue to pledge to implement and promote principles of EDDM in their work on the wards.
- The EDDM Study Day remains running guarterly throughout the year, with good engagement.
- · Qualitative survey responses from staff and patients highlighted the positive impact of EDDM Physiotherapy Student-led ward-based exercise and activity classes on physical and mental wellbeing.
- My EDDM work has been shared on regional, national and global learning and sharing events catching attention of Johns Hopkins Activity and Mobility Programme Directors (USA, Baltimore), NHS England and ECIST.
- Other clinical areas, sites and NHS Trusts have adopted EDDM graphics and resources to make their own.



2) My knowledge and understanding of 'EDDM' principles has increased after attending this study day (Total participants = 26)



- 1) Staff self-reported improvements in awareness and understanding of HAD with 'Just-in-Time' Frailty and Deconditioning training (92% increased, 8% neither increased nor decreased).
- 2) Staff agreed that their knowledge and understanding improved with the EDDM Study Day training (69% strongly agreed, 27% agreed, 4% neither agreed nor disagreed).
- 3) Qualitative survey responses from staff highlighted the ongoing need for wider MDT education, of all roles and banding, on preventing HAD through EDDM principles, with positive feedback on the EDDM Study Day theory and practical sessions.

LESSONS AND SHARING

- Engage key stakeholders from the beginning.
- Create a psychologically safe space to discuss barriers, ideas and continuous improvement.
- Don't assume barriers actively listen and address these.
- Give things a go! and celebrate your success
- Lean upon your community engage in national and global learning and sharing platforms, webinars, conferences

FUTURE STEPS

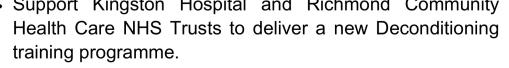


health care staff and students - continue to reach Kingston Hospital **NHS Foundation Trust**

international audiences via the EDDM podcast. Support Kingston Hospital and Richmond Community

theEDDMpodcast launched 01 May 2024 to educate

Continue to grow Education and Training about EDDM!



 Develop an Online Fighting Frailty and Deconditioning Training Course with Training Made Easy.

REFERENCES

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3) Gillis et al. (2009) Nurses' Knowledge, Attitudes, and Confidence Regarding Preventing and Treating Deconditioning in Older Adults. Journal of continuing education in nursing,

https://www.researchgate.net/publication/23707404 Nurse s' Knowledge Attitudes and Confidence Regarding Pre venting and Treating Deconditioning in Older Adults