

Measuring Staff Confidence when Introducing a Protocol for Eating and Drinking with Acknowledged Risk

Soar N, Birns J, Sommerville P, Lang A, Fitzgerald A and Archer S

Guy's and St Thomas' NHS Foundation Trust, London, UK

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Abstract

Introduction: Decisions around eating and drinking when there is an acknowledged risk (EDAR) are complex and staff need support to facilitate a patient-centered and timely process. The FORWARD care bundle (Feeding via the Oral Route With Acknowledged Risk of Deterioration) was designed to support care for patients EDAR. This study aimed to assess changes in staff confidence following its introduction.

Methods: Clinical staff were invited to complete an anonymous 10 question survey before, and 3 months after FORWARD was introduced to an inpatient ward with ward-based training. The survey utilized a 0-10 rating scale (10 = strong agreement) with statements relating to EDAR including understanding EDAR, my role, involving other professionals, confidence in completing capacity assessment and knowing where to seek further information. Scores were analyzed descriptively (median/IQR presented) and with the Mann-Whitney U test.

Results: 56 pre- and 59 post-FORWARD surveys were completed by a range of disciplines. Median scores across all questions increased following FORWARD, e.g. understanding my role in EDAR (6 pre- (IQR 2-7) vs. 8 post (8-8.5) $p < 0.01$); confidence in participating in EDAR (6 (6-6) vs. 8 (8-9) $p < 0.01$) and knowing how to find nutrition plans (7 (7-7.5) vs. 8 (8-9) $p < 0.05$). There was an increase in confidence that EDAR decisions were made in a timely manner (5 (4-7) vs. 7 (5-8) $p < 0.05$).

Conclusions: This study suggests that introducing a care bundle with training increases staff confidence in managing patients deciding to EDAR, which should streamline patient-centered care. Studies incorporating patient feedback are indicated.

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