

Determinants of Food Choice, Dietary Intake

Strategies to improve hydration practices in residential care during COVID-19

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Introduction: Older adults residing in residential care are at an increased risk for dehydration due to physiological changes related to aging (changes to body composition, decreased thirst sensation and kidney function), disease condition (medication use), and increased dependence on others (functional ability, access to fluid). A variety of hydration techniques are used in residential care, but there is no consensus on how to maintain hydration. Infection control measures aimed at limiting the spread of COVID-19 in residential care amplified the need for creative ways to ensure that residents are consuming adequate food and fluids. Effective practices that are also feasible during infectious outbreaks are needed.

Objectives: To examine the perspectives of experts and providers in residential care on challenges and potential strategies to improve hydration practices during COVID-19.

Methods: Twenty-seven research/academic experts (67%) and providers (33%) in residential care from Canada (78%) and outside of Canada (22% UK, US, & Germany) participated in an audio-recorded three-hour virtual discussion about hydration practices before and during COVID-19. The participants were from a variety of disciplines: nutrition (45%); nursing (19%); speech-language pathology (11%); administration (11%); food service (7%); and other (7%). Qualitative content analysis was conducted.

Results: COVID-19 hydration-related challenges and potential solutions to mitigate them were identified and categorized into three levels: resident (e.g., reduced access to beverages due to COVID-19 restrictions, apathy); staff (e.g., limited staff, decreased beverage offerings, new staff and role changes, changes in hydration assessment); and home-related (e.g., changes in beverage availability, drinking cups, routines for social events/volunteer assistance and physical distancing in dining areas). Some potential strategies to mitigate the problems included: trolley beverage service between meals; physically distanced interactions; offerings of fluids at every contact by all staff; and, physically distanced events that encourage fluid intake.

Conclusions: COVID-19 has impacted hydration practices in residential care at the resident, staff, and home levels.

Significance: Creative strategies involving an interdisciplinary team approach are needed to change hydration practices during a pandemic to ensure resident fluid needs are being met in residential care.

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