

Hospital Hydration Best Practice Toolkit

2 The health and economic benefits of providing water

Health benefits

Water is well known for its revitalising properties. Yet even though it is essential to health, it frequently gets overlooked as one of the six basic nutrients, along with carbohydrates, fats, vitamins, proteins and minerals. This can result in vulnerable individuals missing out on the support and guidance they need to help maintain a healthy level of hydration.

The medical evidence for good hydration shows that it can assist in preventing or treating ailments such as:

- pressure ulcers
- urinary infections and incontinence
- heart disease
- diabetes (management of)
- dizziness and confusion leading to falls
- skin conditions
- constipation
- kidney stones
- low blood pressure
- cognitive impairment
- poor oral health

Furthermore, dehydration has been shown to increase by two-fold the mortality of patients admitted to hospital with a stroke and to increase the length of hospital stay for patients with community-acquired pneumonia.

Improving hydration brings well-being and better quality of life for patients. It can allow reduced use of medication and prevent illness. It is good healthcare and dietary practice – and the right thing to do. Providing fresh water also demonstrates care of patients in a way that relatives and friends can see and enjoy.

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Economic benefits

Encouraging the drinking of fresh water makes good economic sense for healthcare professionals on tight budgets. By helping to reduce incidences of some of the more common ailments, better hydration improves well-being and can reduce the volumes of medicines that are required. It can also take away many hours of extra care time associated with illnesses and remove some of the higher cost professional involvement needed to prescribe and administer treatment.

Drinking more water may indeed encourage patients to go to the toilet more often, but the investment in staff time can be regained through patients achieving a healthy toilet function, fewer soiling incidents, prevention of urinary tract infections, less need for time-consuming enemas and less need for laxative products. The medicines that remain are proven to work more effectively when the patient is properly hydrated.

It is not often that a healthy option proves to be a cheaper solution, but taking drinking water from the tap is highly cost-effective. Available at around one tenth of a penny for each litre, tap water is as much as one thousand times cheaper than less healthy sugary and caffeinated drink options. Where patients can be encouraged to choose the healthy option and consume fresh water, hospitals can save directly on the costs of purchasing, storing and supplying more expensive drinks. Tap water in the UK is of the highest quality and is safe to drink. The costs of implementing good hydration and nutritional practice are more than balanced by the lower maintenance costs of healthier people.