

'See the Person not the Patient'

Background

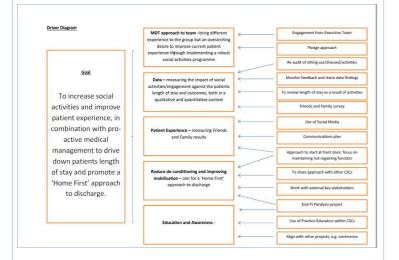
It is widely recognised that frail patients on admission to hospital are at significant risk of deconditiong due to their medical condition and reduction in both physical activity and mental stimulation. There have been recent campaigns such as 'Stand up for Independence' (British Geriatric Society) and EndPJParalysis (Brian Dolan) which aim to provide awareness of the impact of deconditioning and how to reduce the impact to the patient.

The Older People's Wards at Portsmouth Hospitals NHS Trust were refurbished several years ago to ensure that they were dementia friendly, which included a day room named Memory Lane adjacent to one of the wards. This room is decorated in bright colours, armchairs and local pictures . Memory Lane had been used intermittently for social activities since its upgrade.

The aim of the project

The project aim was to increase the frequency of social activities undertaken in order to support the physical and mental well-being of patients. There are other projects led by the medical staff that were contributing to a decrease in length of stay and this was one strand of the multi-disciplinary and multi-agency approach to care.

The project can be summarised through the driver diagram below;



What did we do?

The Memory Lane Activity Calendar was coordinated by Kerry Budd, Operational Manager for Frailty (Currently on Maternity Leave) and the aim was to provide activities on Tuesday – Thursday afternoons open to any patient on the Older Peoples wards (9 in total) who wanted to attend. Families and carers were also welcome.

The programme was mixed and included Singing and Music along with Reminiscence discussions. The majority of these were led by outside speakers , mostly from the Voluntary sector and included the Memory Box team and Pompey Pals. A regular highlight was the music sessions which included visits from the Hospital Nursery and Fold Active. Hospital staff also led sessions of Balloon Tennis, Arts and Crafts and performances from our House Band.

Fliers and emails promoted each event and the wards were also visited to identify patients and take them to Memory Lane. With appropriate permissions the events were celebrated on Social Media with the post regarding the Nursery Visit receiving lots of interest.

Did we make any changes?

Our original intention had been to follow up individual patients and review if by attending the activity they had benefitted physically such as increased appetite, improved sleep etc., however this proved difficult due to the different patients attending each session and the resources needed to support this approach. We therefore chosen to focus on the qualitative outcomes of social activities and patient and staff feedback through patient stories.

In recent weeks we have also tried a more 'mobile' approach to our social activities that brings opportunities for a larger number of patients to engage with our music sessions.

What else?



All of the Older People wards now have Activity Trolleys that are individually named and are stocked with various activities that the ward teams and volunteers can use at any time to support individual patient activities and well-being.

'Ronald' G4 trolley

Outcomes

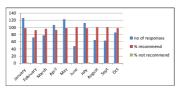
Length of stay for Older Peoples Medicine

This graph depicts the reducing length of stay for the patients cared for by the Geriatricians and does show a reduction. Providing opportunities for social activities is one element of supporting the patient pathway.



Qualitative feedback

The Friends and Family Feedback from our patients is mostly positive with an average of 97.3% recommend over the first 10 months of this year. The percentage of not recommend is 0.5%.





Patient stories

Hearing patient stories and observing their reactions has been both rewarding and inspiring. The music sessions have provide many stories, several are described below;

Patient A Advanced dementia 'when I hear music I am happy, when it stops I am sad'

Patient B ' My husband and I used to go ballroom dancing and won medals'.

This lady had been quiet and withdrawn prior to the music session and became animated as a result of the music. We were able to use this example to draw her into future conversations.

Patient C. This lady was bedbound and had difficulties communicating, her husband was visiting her. She was able to sing to a song that was familiar to her which provided a lovely memory for her husband.

Staff feedback ,' this is fantastic for our patients. We need to do this more'

What have we learnt and what do we need to do next?

Staff agree that social activities are good for our patients however encouraging patients to attend the sessions in Memory Lane has been challenging and relies on individuals such as Kerry or myself taking the patients to the session. There have also been staffing challenges which have an impact. Further work is required to embed this approach and support the change in culture.

Having the sessions in a room restricted the patients who could benefit and providing a more mobile approach has led to a greater number of patients engaging in the activity.

Getting quantitative data on the impact has been challenging and there are opportunities to see if this could form part of a research project.

We are hoping to recruit a Social Activities Coordinator in 2019 on a part-time basis in to work with the wards, patients and carers to continue this approach to care along with engaging with individuals in the ward teams who will be a Champion for Social Activities.

