

# Enhancing Care in Acute Wards with the Introduction of a Dementia Activities Coordinator.

Liz Champion

Lead Nurse for Dementia Care

Maidstone and Tunbridge Wells NHS Trust

[Liz.champion@nhs.net](mailto:Liz.champion@nhs.net) 01892 633738

# Proposal & Aims

- Pilot Dementia Activities Co-ordinator Role.
- Improve the experience of all patients admitted with dementia / cognitive impairment.
- Promote person-centred care.
- Provide cognitive stimulation through activities.
- Support the launch of the lunch club.
- Continue physiotherapy.

# Purpose

- Person-centred care and independence.
- Stimulating social environment.
- Encourage nutritional intake.
- Cognitive stimulation.
- Repetitive practice of physiotherapy goals.
- Family / carer involvement with 'This Is me' document.
- Raising staff awareness.

# Implementation

- Data collected prior to pilot on ‘This Is Me’ document completion; missed opportunities for continued physiotherapy.
- Band 3 CSW working alongside physiotherapy assistant to gain experience; training on completion of ‘This Is me’ and dementia training to intermediate level (as defined in Trust Dementia Training strategy).

- 6 month pilot.
- Collection of data
  - Number of 'This Is me' documents
  - Number of lunch clubs
  - Number of cognitive stimulation sessions
  - Number of continuation of physiotherapy

# Pre Pilot



- Bank Usage pre pilot - approx £25K for 6 months.
- No lunch clubs.
- No exercise classes.
- No cognitive stimulation.
- No 'This Is Me' documents completed.

# Improvements to the Environment



- Bank Usage + CSW Band 3 for pilot = £15K
- Savings equate to £10K approximately.
- Lunch clubs
  - 325 people over 16 weeks.
- Exercise Classes
  - 69 people attended in 7 weeks
- Games / Activities
  - 81 people attended over 9 weeks.
- After Lunch Activities
  - 255 people attended over 16 weeks
- 'This Is Me' documents
  - Average of 74%



# Feedback

- ‘I would like to say a special thank you to the activities co-ordinator for the wonderful activities and lunch club which was so good and stimulating.’
- ‘A brilliant job in organising activities for the patients in lunch club, my grandmother has perked up leaps and bounds since the club started and it has done her the world of good with battering boredom.’
- ‘I was able to sit with my mother during these mealtimes and felt completely removed from the hospital routine, almost as though transported to a little oasis.’

# Feedback

- ‘The group gives patients the opportunity to socialise and supports them in mobilising, they are able to reminisce with others about their life experiences and exchange memories, with background music, relative to their generation. Eating, often a task in itself for those with little or poor appetite becomes more interesting and as a social event the patients engage more willingly, improving food intake.’
- ‘I have been truly impressed with the level of enthusiasm, encouragement and stimulation offered, and the staff members involved who have shown themselves to be truly committed to delivering outstanding service.’

# Feedback

- ‘We were all very supportive of the role, but were unsure how well it would work. It has surpassed all our expectations.’
- ‘The coordinator is truly inspiring, we now feel these patients are getting the support and attention they deserve that we were struggling to provide on a day-to-day basis previously. Patients feel they have a purpose in the mornings – the only downside is when the service is not running as the patients miss it.’
- ‘Even if it is the first time you have met the patient, by having the ‘This Is Me’ document, provides a means to commence a conversation with somebody about something that is important to them, rather than beginning a conversation in a clinical format. This assists in gaining trust and confidence from the patients and they are more willing to continue to discuss other things.’

# Results

- Environment and atmosphere on ward changed.
- Increased morale.
- Behavioural issues have decreased.
- Patients more settled and reassured.
- Supporting person centred care.
- Patients have returned home rather than to residential care.

# Case Study

- Mrs B, aged 87, was admitted from home after a fall.
- Declining interest in things around her and reduced nutritional intake.
- Previously mobilised well, keen to read newspapers each day and interact with her daughter, and had a good appetite.
- Well supported by daughter and family, but was becoming increasingly difficult.
- Daughter considering placement.
- Confidence in mobilising increased.
- Soon spending all day in day room.
- Increased nutritional intake.
- Due to significant change, daughter felt should be discharged home.
- Information provided with regards lunch clubs and services that could offer continued support.
- Daughter also referred to carer group for additional support.
- Mrs B still remains at home – one year on.



