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Title: Being an engager not just a sitter - Helping health care assistants engage with older inpatients through activity trolleys

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Introduction:

It is well established that older people are admitted to acute hospitals more often and for longer than younger people. It is also known that older inpatients typically spend the majority of their time inactive, and suffer from a lack of stimulation and boredom. In addition to this, it has been shown that there are vast benefits to engaging in activity during inpatient hospitalisation. Engaging in activity may help to reduce the length of hospital stays, reduce delirium rates and severity, prevent cognitive decline, and improve mental health and overall quality of life. It may also improve staff job satisfaction by facilitating engagement with patients.

Initially our study sought to mobilise the under-utilised resource of hospital aids, particularly when they are on watch with a patient and have more time to engage with them. But broader than this, our vision is for provision of activity to become a part of the routine of all ward staff, so that there is a mutual respect for this need and mutual support of one another in meeting it.

Aim:

Our aim was to pilot test the provision of an “activity trolley” assess whether staff found this facilitated engagement in activities. The overwhelming evidence is that activity has many benefits, but it is practically applying this knowledge to a busy and medically-focussed hospital setting that we need to navigate. Through the pilot study feedback we hope to make practical recommendations for the future if the trolleys are used more widely in the CDHB.

Method:

This study took place in four older persons’ health and rehabilitation and orthopaedic wards at Burwood hospital. We randomised our four wards so that two were intervention wards that would receive education and access to the trolley on their wards, and two were control wards that were waitlisted to receive both the intervention at a later date.

Participants included hospital aids, nursing staff, and allied health professionals. Baseline surveys were collected from all our participants at the start of our study to assessed attitudes regarding the importance of activity, and how confident they felt using activities with patients.

The education given was divided into two sessions. The first session focused on the importance of activity, and the second explored the different resources within the trolley, and how these might be personalised for patients (i.e. chosen with their specific interests in mind). Following education, activity trolleys were rolled out onto the two intervention wards for 14 standard working days prior to data collection.

The activity trolleys are three plastic drawers filled with various resources designed to engage patients across different interests, past experiences, and cognitive abilities. Each trolley had a pump bottle of hand sanitiser attached and a folder was provided with tips on getting started and thinking flexibly and creatively about different ways to use the various resources in the trolley.

A follow-up survey was then delivered to all four wards to assess any change in attitudes and confidence compared to our control wards. We also collected feedback from some patients that had used the trolley through an informal face-to-face interview.

Results:

Overall our results showed that the trolley and education was well received by participants, regardless of their discipline. Satisfaction measures showed that over 90% thought the education was worthwhile, and over 80% thought they had greater work satisfaction and found it easier to relate to patients. Pre-to-post confidence and attitude measures remained unchanged during the study. However, many of the staff felt that they had not had enough time to properly evaluate the trolley because of the busy Christmas period with people being away on leave.

Patient feedback revealed the importance of matching activities to the interests of the individual. When activities from the trolley were selected specific to the individual, the feedback was overwhelmingly positive. However, when left with the entire trolley to go through it left patients feeling overwhelmed and ultimately uninterested. This is in line with what the literature has shown already, and is something we will continue to emphasise the importance of in education sessions.

Conclusion:

Activity trolleys filled with resources for engaging patients were well received by ward staff, but more time is needed to properly evaluate their effectiveness. Limited time is still a major barrier preventing more frequent use by staff, and in the future we hope to educate more health care assistants in utilising activities to try to overcome this. In addition we will consider having nursing staff in a more supportive role, where they are still aware of all the benefits of activity, but their role is more in ensuring that staff that are free are engaging, and that families are aware of the resources the trolley has to offer. The message will still be that activity provision is the responsibility of all ward staff.

To help facilitate this change in thinking, more time will also go into liaising with charge nurses to ensure their support, as well as utilising team meetings to reinforce ideas from the education and engage all members of the team.