Background: Our inspiration taken from the poem ‘When I Wander’

1. Aim
- To identify and develop interventions that will promote activities and social interactions for those patients living with dementia whilst on a trauma orthopaedic unit.

2. Strategies for Change

A triangulation of audit, interview and observation (Fig 1) were implemented in order to gain a perspective on the range of issues relating to the experiences of those patients living with dementia, their relatives and care

Fig 1. The triangulation of approaches used

2a. ‘Observations of Care’ Tool

Background: Our inspiration taken from the poem ‘When I Wander’

The observations were undertaken in pairs on wards where at least one person living with dementia was present. During the observations notes were taken to build a picture of events, which took into account verbal and non-verbal communication, actions, events and people, in order to develop a greater understanding of what was happening (Fig 2).

- The tool was selected for its effective approach and uncomplicated design. A total of 36 observations (30 minutes) were undertaken to ensure each hour over a 24 hour period was covered.
- A total of 24 staff from a broad range of staff groups participated in the observations including Ward Managers, Registered Nurses, Health Care Support Workers and Student Nurses.
- The observations were feed back to the staff involved to identify learning and action points. This encouraged the ward staff to feel part of the process with the Quality Improvement Team.

2b. Interviews

Seven in-depth semi structured interviews were conducted to investigate reasons, values and meaning held by relatives of those patients living with dementia to gain an authentic understanding of their interpretation and concepts. The qualitative data was analysed using the whole of the transcribed interview and the notes made from the observation of care.

3. Changes and Improvements

Identification of the significant findings led to the following cluster of themes:

- Self awareness of practice by reflecting on observations
- Coping with challenges
- Doing the right thing for the individual
- Promoting success through activity interaction

The following improvements were implemented aligned to the project aim

3a. The promotion of ‘This is me’

- A simple and practical tool developed by the Alzheimer’s Society helping to provide a ‘Snapshot’ of the person living with dementia.
- The use of the ‘This is me’ tool was initially audited at the start of the QI project
- Audit data in 2 week period 24/11/2014-05/12/2014 identified 8 patients had been admitted with a formal diagnosis of dementia, all failed to have a ‘This is me’ and only 50% had a visual identifier using a forget-me not symbol.

Impact
- By providing the ‘This is me’ document in an upright holder located on the patient roster side increased accessibility and allowed information about the patient to be shared in social interaction (Fig 6).
- To encourage engagement, the Ward Staff developed adapted post card sized versions of ‘This is me’ themselves which helped engagement with the project.

3b. Introduction of Ward Activity Trolley

Improvement

To help improve the patient experience and journey, the Quality Improvement team developed three Activity Trolleys located on each of the trauma orthopaedic wards.

Impact
- These offered a range of activities (Fig 4) that could be adapted to the individual. This empowered the staff with the ability to adapt their approach to individuals with the implementation of activities to increase stimulation and social interaction.

5. Achievements and Future Plans

Achievements:
- Broaden staff engagement and awareness by promoting the use of ‘This is me’ as highlighted from the interviews and visual identifier using the ‘forget-me-not’ symbol.
- Education Boards on each of the wards.
- Staff boards with photos and their hobbies.
- Activity Trolleys for each ward

Future plans:
- Every month: RU audit of the utilisation of ‘This is Me’ every 4 weeks.
- Complete weekly ‘Observation of Care’ around the use of Activity Trolley with a broad range of staff (Fig 2) with comments summarised from the observations of care (Fig 7). Such activities appears to invoke emotions that bring memories, shift mood, manage stress and stimulate positive interactions.

6. Lessons Learned:
- Opportunities to listen and observe are essential in order to gain an insight of the person in the patient.
- Staff thrive on constructive feed back.
- Involving a broad range of staff is key for sustainability.

Impact: Improved Patient Experience

The observers involved described the opportunity to step back and see what happens in their area as an opportunity they had not been afforded before. Helped develop self awareness of behaviour.

Helped to develop their observation skills and develop their skills of giving and receiving feedback.

This lead to a direct impact on care by working with their colleagues to share good practices and identify ways to improve care (Fig 7.)

Fig 5. Illustration of the range of activity equipment held on each trolley

Fig 6. Musical activities being undertaken to increase stimulation and social interaction

Fig 7. A summary of the achievements and comments highlighted from the ‘Observation of Care’ undertaken

Fig 2. Development in ‘Observation in Care’

Fig 3. Illustration of ‘The This is me is located in the holsters on the patient’s locker and the Staffs adapted post card sized versions.

Fig 4. Staff & patients engaged in activities

Fig 5. Illustration of the range of activity equipment held on each trolley

Fig 6. Musical activities being undertaken to increase stimulation and social interaction