The Role of the Meaningful Activities Facilitator

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Paper E

Context

To describe two different patient experiences of the Meaningful Activities Service and how this service has impacted on the overall wellbeing of patients and carers. There are nine Meaningful Activities Facilitators supporting ten wards at the Leicester Royal Infirmary and two wards at Glenfield Hospital.

The role focuses on offering individualised activities to patients who are presenting with agitation, confusion, wandering or require support with nutrition and hydration. The Meaningful Activity Service has been running for two years and receives excellent feedback from patients, their family and carers as well as clinical staff from all disciplines.

First Patient Story

One carer's story captured on DVD identifies an experience when their father was admitted via the Acute Frailty Unit and transferred to Ward 43.

Three areas of note:

- The carer spent time completing the 'Patient Profile' to ensure staff had all the information required to care for his father and then this information was not transferred to base ward or used to assist in caring for his father.
- Carer identified with staff that his father needed assistance and support with eating and drinking and this was not communicated adequately (red tray system).
- Carer very impressed with the caring and compassionate approach of the Meaningful Activities Facilitator who was able to establish a supportive relationship with his father, nurturing improvements in his father's overall wellbeing.

This experience of care identified that the 'Patient Profile' and red tray system had not been utilised when the patient was initially transferred to Ward 43. Following investigation and in response to this feedback the ward have:

- Identified that the 'Patient Profile' had not been transferred with the patient therefore
 was regenerated. In future any transferred admissions to the ward will identify if a
 'Patient Profile' is required by checking the written handover sheet. Raised awareness
 within the Acute Frailty Unit with regards to ensuring essential documentation is
 transferred with the patient.
- All new admissions need to identify whether a 'Patient Profile' is required. This will be
 visible on ward information boards to raise awareness to carers and families and how
 to access and complete these.
- A new initiative 'Matron Package' for carers and families will include information about the 'Patient Profile'.

- Improved communication between ward staff and Interserve regarding ordering of meals, use of red tray system and if easy to use cutlery is required.
- Established clear expectations that each patient's meal is not heated until there is a member of staff available to assist the patient.
- Employed another housekeeper to increase cover for weekends and evenings.
- Meaningful Activity Service will continue to support patients on Ward 43 and the Acute Frailty Unit. All patients who are referred to the service have a 'Patient Profile completed with carers/family and an individualised plan of care and interaction is established.

Second Patient Story

The second story also captured on DVD highlights a patient story of when a patient was admitted into Ward 38. The patient was distressed and anxious and had very limited ability to communicate or interact with people he did not know well.

The family wished to highlight the exceptionally good service they received from the Meaningful Activities Team that resulted in the patient's reduced agitation and anxiety, improvement in communication and social interaction, increased nutritional intake and overall wellbeing.

This was achieved by:

- Focused distraction technique, using classical guitars, encouraged the patient to undergo necessary clinical tests and care treatment.
- 'Mirroring' and social interaction in group activities, where the patient's intake increased, which positively impacted on recovery.
- The patient's confidence increased where interaction was observed by patient engaging with Multi-Disciplinary Team members and working closely with a forget-menot volunteer to make a scrap book and complete arts and crafts on the ward.

Conclusion

Over the last two years the Meaningful Activities Service has received excellent carer and staff feedback. The Facilitator's presence has had a positive impact on patient's referred including 95% presenting a positive change in behaviour and 82% of patients supported with nutritional needs. The service has just received another year's funding from Charitable Funds to allow this to continue with further expansions to include an on–call service.