

Activities for Pleasure and Purpose during a Hospital Stay

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Supporting meaningful activity in hospital

Meaningful activity is known to be beneficial for older people in hospital, but health care staff may not feel confident about encouraging engagement, particularly with people living with dementia. **Susan Gee** (pictured) and **Tracey Hawkes** introduce a hospital project which trialled the use of an activity resources trolley and education sessions to increase staff confidence in providing activities for patients



All of the staff (100%) felt that the activity trolley helped them worry less about how to help keep patients occupied and to have friendly interactions with patients; 93% felt that the activity trolley helped reduce boredom and that the patients benefited from the trolley; 71% felt that there was something to interest most patients on the trolley; and 64% felt that the patients had been calmer and less anxious using the activity resources (Gee & Hawkes 2021)

Care of Confused Hospitalised Older Persons (CHOPs) aims to improve the experiences and outcomes of confused older people in hospital. Outcomes of this volunteer programme demonstrated high acceptance by nursing staff and volunteers who perceived there to be improved safety and quality of care for patients. This program has now been sustained for over 6 years and replication has occurred in other Hospitals

(Agency for Clinical Innovation 2020)

Possible Benefits of Activities

- May help maintain function and provide an opportunity to use remaining skills
- Helps pass time and adds meaning to time
- Can reduce boredom / isolation
- Occupation during the day can help with sleeping at night
- May provide a sense of purpose / self worth achievement / value / control
- Can provide enjoyment / social interaction
- Help meet an unmet need
- Can provide a distraction from worry and or discomfort
- May provide relief from an upsetting emotion and help calm FFF
- Can enhance staff wellbeing
- Can help build a more positive experience for other patients within the ward

Barriers

- Environment Environment Environment
- Current staffing shortages / time
- Cost / maintenance / storage of resources (out of sight out of mind)
- Associated risks - who will assess for risk
- Lack of knowledge / confidence in how to best engage people in Activities “Recognising the importance of engagement and having the skills and confidence to initiate that engagement cannot be assumed to be instinctive” Rybacka *et al* (2017) cited in Gee & Hawkes (2021)
- Knowing the person

If you have met one person living with dementia... You have met one person living with dementia (Snow 2020)



- What is your favourite:
- Colour
- Leisure activity
- Music
- TV programme
- Are you an early morning person or come to life at night?

**All too often we know the condition..
we need to look for and get to know the person who has the condition**

One size does not fit all!

-
- Past roles and responsibilities / daily routines / habits
 - Personality style
 - Leisure activities that they enjoy
 - Social history / what are they proud of?
 - Cultural / Spiritual background
 - What brings them comfort and what might trigger negative responses
 - Early to rise or a night owl
 - Be aware of limitations
 - **Know the person's: Sensory Motor Social and Thinking Strengths**
 - **What is it that "Makes their Day"**
 - Families / Carers are the experts and our best resource

Prepare the person

- Make sure lower order needs have been met first.
Treat the treatable and reverse the reversible (Elliot 2012)
- Pick the right time to introduce the activity
- Is it possible to get the person dressed into day clothes (End PJ Paralysis)
- Ensure the person's glasses are clean and hearing aids are on and working

Prepare the Environment

- Is the space conducive to the activity?
- Can you provide a change of scenery?
- Reduce likelihood interruptions
- Limit distractions -turn off the TV
- Sufficient lighting and minimise glare
- Reduce clutter
- Sturdy surface
- Ensure you will both be comfortable wherever you set up (height of table / chair)

Prepare the Activity

- Are the resources safe for the person?
- Ensure all necessary resources for the activity are at hand
- Contrast in colours of resources and surfaces
- Set up the activity so as the person can work from left to right
- Resources should be adult like (not infantile)
- It is unlikely that putting the same activity in front of a person every day will sustain positive outcomes
- Be mindful of how you bring the activity to a finish



Prepare for Safety

- Assess the risk to the person and other patients
- Have a list of resources to help account for all resources at the end of the activity
- Keep the activity contained in a box or tray
- May need a non slip surface mat
- Cords or dropped resources can become a trip hazard
- People may lean over to try and pick something up off the floor
- Infection control of shared resources
- Avoid any resources that have sharp edges
- Avoid small pieces as these can become a choking hazard
- Avoid resources that may resemble food
- **Provide the right level of supervision**

Need an information folder with instruction and safe use guide

Prepare Yourself

- **Your Approach Matters**, this is a learned skill and cannot be underestimated
- Large print name badge
- Asking the person for help can be a powerful motivator and will often get better buy in... relating back to the idea that most people get a sense of satisfaction from being helpful and that their skills and abilities are valued: Self worth (Dementia Training Australia 2021)
- Use “would” not “could” as “could” relates to ability (Elliot 2012)
- Demonstrate what you want the person to do. Use visual cues more than verbal
- Don't focus on the final product
- **Ensure you thank the person for their contribution / help**



Be Prepared to change

- Observe and assess the person's response to the activity
- Think about ways to make the activity simpler or more complex.
- The activity may last 10 minutes, or it may last one hour
- What works now may not work in a hours' time
- Too easy = boredom, too challenging can = frustration
- Don't allow activities to reinforce inadequacy, increase stress or induce feelings of failure

If an Activity or Interaction is not working... Stop and Apologise... ensure you do not blame the person

Because....

A PLwD may not remember what you did,
butthey will often remember how you made them feel (Teepa 2020)

Positive care interactions can compound to a better chance for more cooperation and less resistive behaviours in the future (Feurich 2021)



Mostly Creative

Aqua paintings

Adult colouring / black background colouring /velvet colouring

Etching art sets

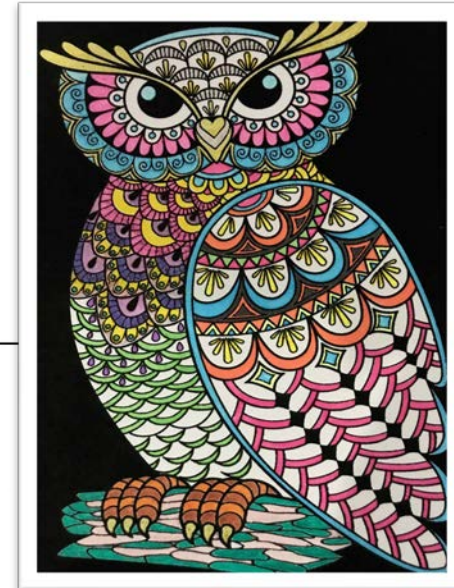
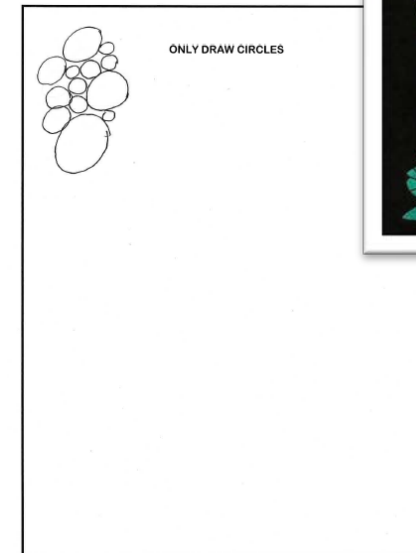
Decorating the ward for special days (NAIDOC / Falls Prevention)

Knitting / crocheting squares / scarves

Sorting / rolling wool

Mindful doodling: may help reduce psychological distress (Harvard Medical School 2016)

Consider having a display somewhere in the Hospital



Mostly Sensory

Pop it fidgets

Sensory mats / aprons

Squeeze balls / sensory chewing tools

Rummage box

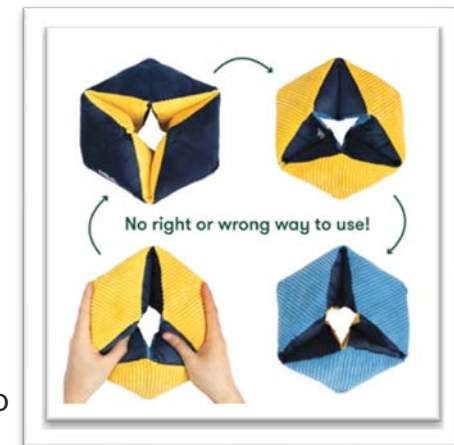
Emery boards & moisturising cream

Hand massage

Combing one's hair or having it combed

Tactile turn (one off usage)

Individualised music programmes



Tactile Turn
Dementia Shop
Australia

Mostly Intellectual

Large print find a words / crosswords

Large piece jigsaw puzzles / can be made from laminated pictures

Multiple choice Quizzes 2 & 4 (Have answers attached)

Theme books (pets/babies/horses/cars/houses/flowers/travel/fashion/geography/antiques)

Picture Matching Templates (fruit / vegetable, women / men)

Videos (travel church services, dogs, cats, babies, scenery, music)

Whiteboard for words starting with:

Give me 5 (boys names vegetables, cars, colours, etc)

Anagrams (dusty – study)

Finish the proverb

Scrabble (junior and or adaptive)

Short stories



Golden Carers



Quality Aging



Mostly Social

Cards (Solitaire, Sevens)

Dominoes

Rummikub

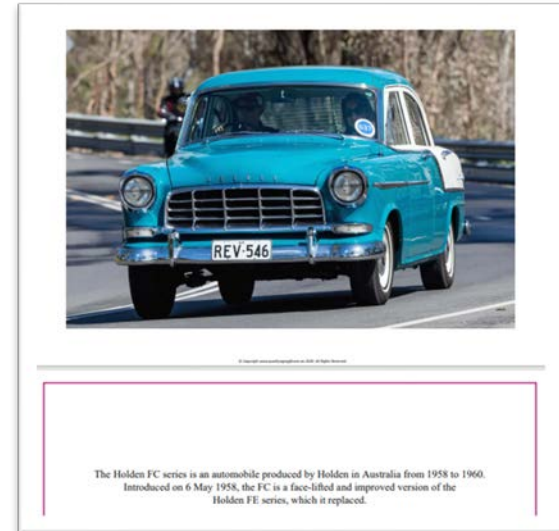
Checkers

Make every interaction count

Bring tables together for lunch / quiz / board game



Quality Aging



Reminiscence Topics: jobs / travel / children / cooking / gardening / sport . Photo albums provided by the family with informative script about the photo's (visual cues for storytelling)

Volunteers

Mostly Helping out

Consider the person's past roles responsibilities household routines

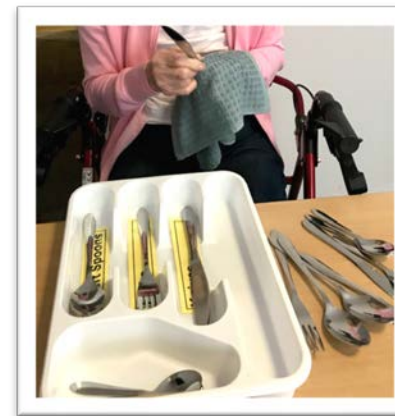
Wiping cutlery (spoons for safety) and placing in a utensil draw compartment

Folding brochures / letters and placing into envelopes

Folding face washers / tea towels / pairing and folding socks / tidying ribbon

Making greeting cards for the children's ward (under supervision)

Sorting objects (pens, large nuts and bolts / plumbing pipe joiners / buttons / coloured paddle pop sticks)



More Specialised Activities / Resources

- Encourage families to bring in activities that they may have been doing at home
- Child representational therapy / soft toys
- Polishing things like silver (with toothpaste)
- Sewing hems / replacing buttons
- Therapeutic putty / sensory sand
- iPad's / tablets / talking books
- BrainTrainer Plus



Lets focus on the person's strengths



Yet, Often when it comes to dementia, we focus on the hole instead of the donut.
We focus on what is lost instead of all the good stuff that is still there (Snow 2019)

Enjoyment doesn't require memory (Dementia Australia 2020)

Putting it all together for “Just Right”

The Right Activity and Resource

(i.e. matching the persons needs interests & strengths, with safety considered)

introduced at the

Right Time

in the

Right Environment

with the

Right Approach

=

Meaningful Engagement for Pleasure or Purpose and Positive outcomes



Some examples of places to find Resources

- [Golden Carers](#)
- [Quality Aging](#)
- [Dementia Shop Australia](#)
- [The Happy News](#)
- [Wisdom Activities](#)
- [Box and Dice](#)
- [Del Marie McAlister](#)
- [Relish](#)
- [Your Life Story - Your Life Talks](#)
- [BTP website](#)
- [Sensory Stores](#)
- [Remember When Books](#)

References



Agency of Clinical Innovation. (2014). *A Hospital Volunteer Program Implementation Guide*. Agency of Clinical Information: Chatswood

Elliot, G. (2012). *Montessori Methods for Dementia: Focusing on the person and the prepared environment*. Dementability Enterprise: Canada.

Dementia Australia: Activities Fact Sheet 2020

Dementia Training Australia (2021). *The View from here: Skills in dementia care for acute settings* Online training module: Dementia Training Australia

Feurich V. (2021) *Why Person-Centered Care Techniques are the Compound Interest of Dementia Care* (www.teepasnow.com/blog)

Gee, S. & Hawkes, T. (2021). Supporting Meaningful Activity in Hospital. *Australian Journal of Dementia Care*, **10**, No. 2 pp.20-22.

Harvard Medical School (2016). *The "thinking" benefits of doodling*. Harvard Health Blog : Harvard Health Publishing

Snow, T. 2019. *Creative Solutions to challenging situations: A workbook companion to the DVD: Positive Approach to Care: USA*

Snow, T. 2020. *Champion Course: Teepa Snow Positive Approach To Care: www.TeepaSnow.com*

Further Learnings

- [Care of Confused Hospitalised Older Persons \(CHOPS\)](#)
- [Purposeful activities for people with dementia: a resource | Dementia Australia](#)
- [Activities](#)
- [Therapies and Communication Approaches](#)
- [The View from here: Skills in dementia care for acute settings](#)
- [Eat Walk Engage \(Queensland Government\)](#)
- [Filling the Day with Meaning Teepa Snow You tube](#)
- [RPA Emergency Department](#)