

Distraction therapy to reduce distressed behaviours

Julie Thompson

Lead Nurse for Vulnerable People

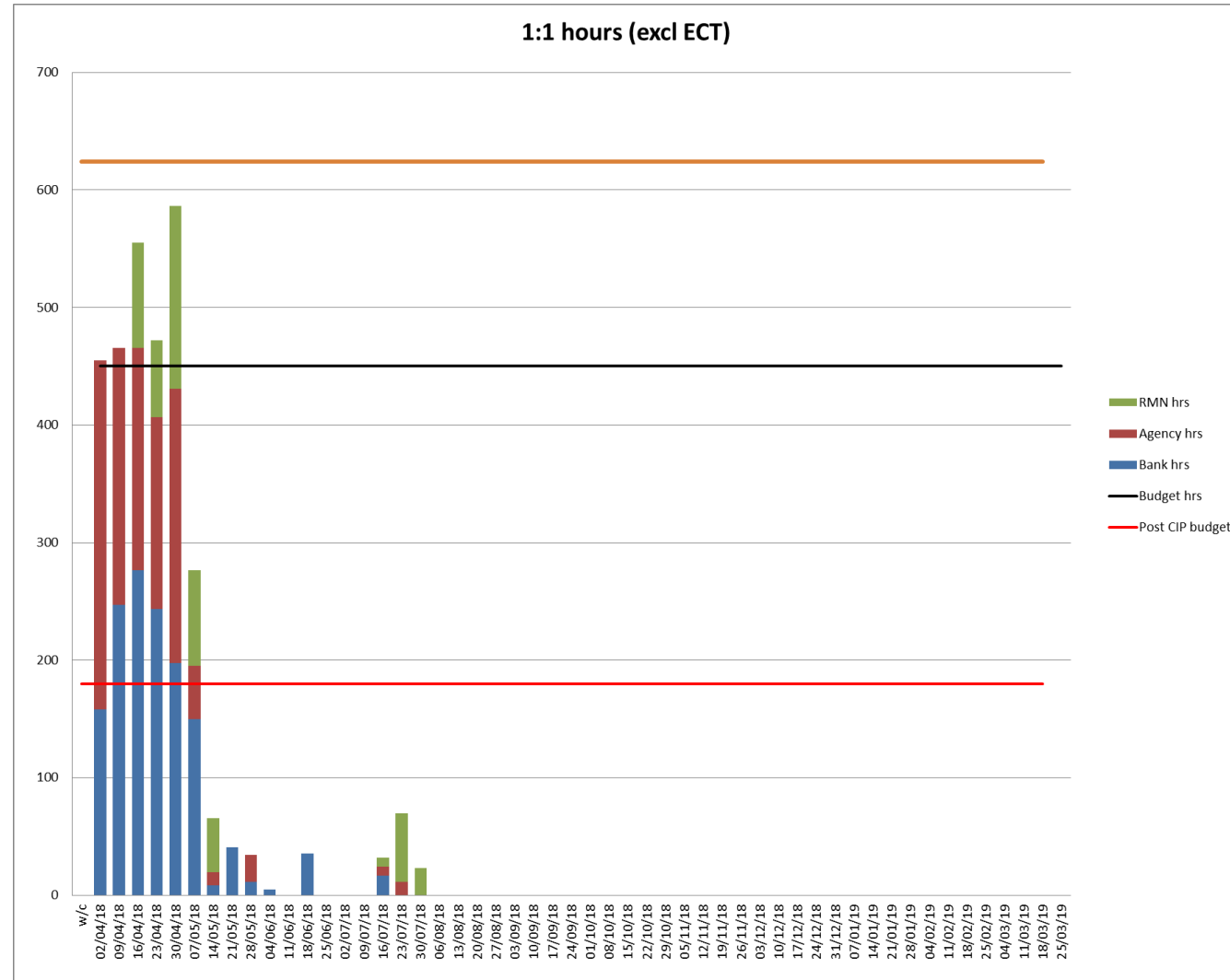


Background May 2018

Wd	E	L	N	Comments	MFD
4	√	√	√	secton 2 submitted. Complex discharge, +ch/list	yes
8	√	√	√	Alexandra House accepted. Issue with costing and CHC's request for further Info.Behaviours remain challenging at times remains unpredictable and a flight risk.	yes
8	√	√	√	2:1 during day, reduced to 1:1 at night with the planr to stop Nights later this week. Has a plan recommended by Dr Ravi,Case discussed with Psychiatry Liaison Challenging behaviours such physical aggresion.	yes
8	√	√	√	Agitated, very restless, high risk of falls, very unsteady on feet not safe to mobilise unsupervised.	yes
5	√	√	√	waiting EMI placement, Dr Ravi reviwewd advised lorazepam 0.5mg PRN BD, follow up in community. Behaviours remain challenging. Almar court to assess today.	yes
6	√			Active C diff, attempting to leave side room, fallen x 3 in hospital. Ward soucing a hi lo bed for nights.Reduced to Early only.	No
20	√	√		? undiagnosed dementia. Behaviors have remain challenging, high risk of falls when in chair. Have tried least restrictive option-Mittens Reduced to days only, hi lo bed at night.	No



Background



Delirium

- Common and serious condition
- Indicator of severe underlying illness
- Requires early diagnosis and prompt treatment
- Associated with poor survival, functional outcomes & institutionalisation following a delirium episode in an acute setting

Distraction therapy

- Cognitive stimulation
- Recreational activities such as word search board games
- Tailored to personal interests and functional abilities



- Research has shown that when an individual's functional skills are equal to the challenges inherent in an activity, the individual is more likely to become fully engaged, lose track of time and experience positive emotions

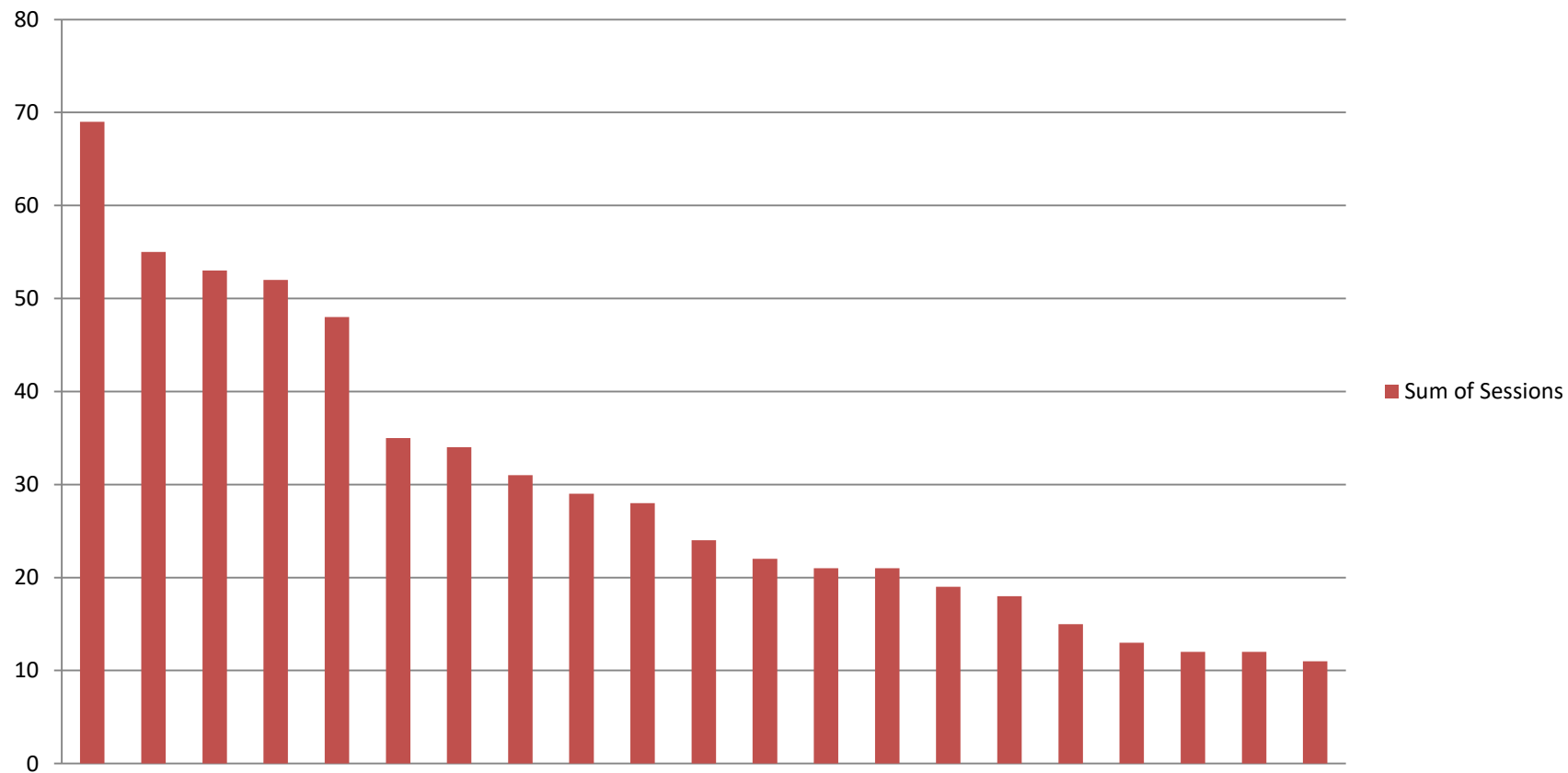


Measures

- Distraction therapy was broken down into sessions to be measurable
- Anything up to an hour equals 1 session
- 134 patients were seen during a 4 week period
- 826 sessions of distraction were carried out
- Only conducted during day time hours
- Conducted over three sites

4 week high users

Total Sessions for frequent Distraction Therapy



Case scenarios

- Jim diagnosis of dementia, had a stroke, developed psychiatric complications
- Bill Diagnosis of dementia #NOF developed post op delirium
- Jack mental health issues and complex social situation transitioning from adolescent to adult care
- Arthur delirium secondary to infection probable dementia
- Fred advanced dementia

Patient name _____ Ward _____

Please circle which best describes your mood.

How were you feeling before your activity?



How were you feeling after your activity?



Please describe the activity you participated in?

.....
.....

Do you have any extra comments?

.....

***Walked outside, sat in wheel chair and people
watched***

***I've never laughed so much in my life in a
hospital***

***Walked around the block of the hospital enjoyed it
very much***

I thought my walk was lovely

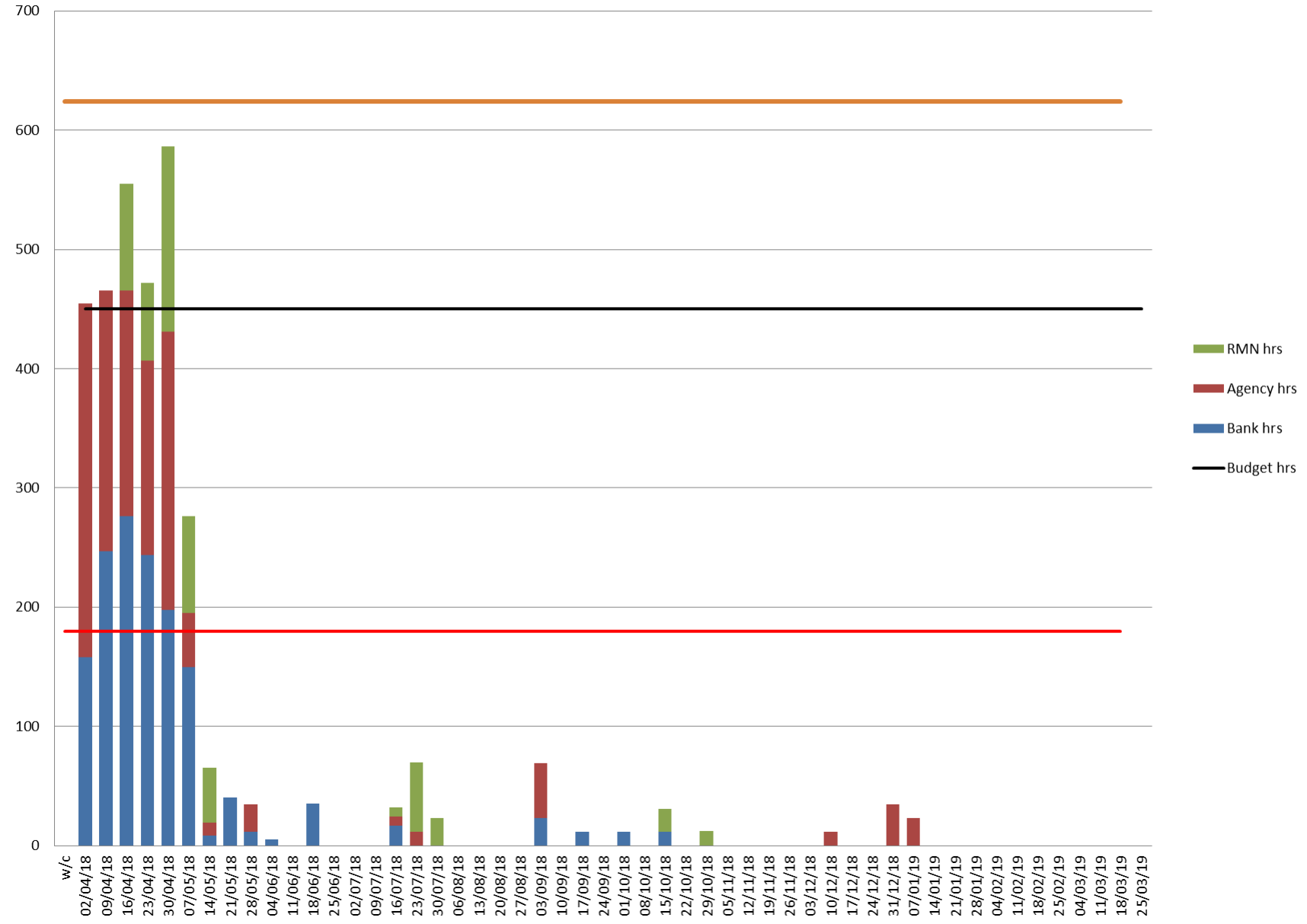
***Went for a new frapper I definitely enjoyed the
distraction***

We watched Dick Emery and talked about London



Joe's story

1:1 hours (excl ECT)



Plans

- Pilot has taken place on the Derby site
- Pilot review and evaluation has occurred
- Model to be rolled out across the trust
- Key performance indicators in place to measure progress.

What have we learnt?

- Least restrictive practice can be delivered
- Improved patient experience
- Improved physical health
- We can use resource differently by thinking differently
- We label patients inappropriately

