# DIGITAL REMINISCENCE THERAPY (DRT) SOFTWARE PROJECT

# Northwick Park Hospital – Care of Elderly Wards

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## 1. BACKGROUND

Elderly patients admitted in the hospitals with cognitive impairment i.e. acute confusion, delirium or patients with dementia can become very agitated in an unfamiliar clinical environment. Care needs can then become very complicated and challenging both for the patients and the healthcare professionals. A project was proposed in Northwick Park Hospital (NPH) care of elderly ward (Hardy & Fielding ward) to enhance staff and patient engagement through the use of Digital Reminiscence Therapy (DRT) software. It was envisaged that by providing stimulation and engagement, it will help improve health, wellbeing and the quality of care received by the patients in the acute elderly wards and provides a positive patient experience.

On 28th of March 2014, Elderly Care Team submitted an application to Florence Nightingale Foundation for Small Project Grant. The proposed project was to obtain Digital Reminiscence Therapy (DRT) Software. This was successful and on 6th May 2014, Florence Nightingale Foundation awarded NPH Care of the Elderly Department with the grant for the purchase of the digital reminiscence software.

## 2. INTRODUCTION TO PROJECT SCOPE

"My Life Software" a type of DRT was purchased on 28th of November 2014. Initial training was provided by "My life Software" representative to core group of elderly care staff for a week and the DRT was launched on the 2 elderly care wards.

The software was implemented on two inpatient wards, both of which have 34 beds, comprising 4 six bedded bays, 1 four bedded bay and six side rooms.

The wards are busy general medical/elderly care wards. A multi-disciplinary team offer assessment and management while a patient is on the ward and engage in selected activity and therapies to assist patients to achieve their rehabilitation potential. The teams were fully briefed on the My Life software and selected members of staff from each team were trained in its use.

## 3. OBJECTIVES

The project aims to:

- enhance staff and patient engagement thus enhancing mood and reducing agitation of patient with cognitive impairment

- help improve health, wellbeing and the quality of care received by the patients in the acute elderly wards

- enhance rehabilitation and discharge planning of elderly patients

- improve patient outcomes and experience

## 4. METHODOLGOY

The 'My Life' software was purchased on draw down of the grant money. The company provided initial training to the members of the project team, who then rolled out this training to selected members of both ward teams.

Both wards identified patients who either have a diagnosis of dementia or who have cognitive impairment indicating the need for further assessment as evidenced by an AMT (Abbreviated Mental test) score of <8 and who are agitated or unsettled within the ward environment. These patients were offered time to use the 'My Life' software with support from a member of staff who was trained to use it. The outcomes of the sessions were recorded using a brief evaluation tool supplied by the manufacturers which looks at mood and wellbeing of the patient. Evaluation commenced in the 3$^{rd}$ month of the project and data for the purpose of the evaluation was closed off after month six.

Whilst the effectiveness of this software is being evaluated, its use was restricted to two Care of the Elderly wards

## 5. AUDIT PERIOD

The audit commenced from February 2015 and was completed in August 2015.

## 6. RESULTS

The elderly care teams were impressed by the practicality of the DRT software. Staff found the DRT user-friendly. The portability of the equipment allowed patients who are bed-bound or with limiting mobility problems to have meaningful staff –patient engagement.

Staff noted that patients responded positively to different multi-media stimulation. The use of DRT helped patients with challenging behaviour became less agitated as they become stimulated and engaged.

The DRT reminiscence materials encouraged many interesting conversations among the patients and have also involved family and carers. This created a positive atmosphere in an otherwise busy clinical environment. The use of DRT has

stimulated and engaged the patients in various activities and thus provided a positive over-all patient experience.  The results from the initial survey that we have gathered are very encouraging.

It is worth to highlight that there was **54% increase** (24 to 37) on positive response post DRT and **100% decrease** (5 to nil) of negative response post DRT. Please see table and graph below.

Table 1
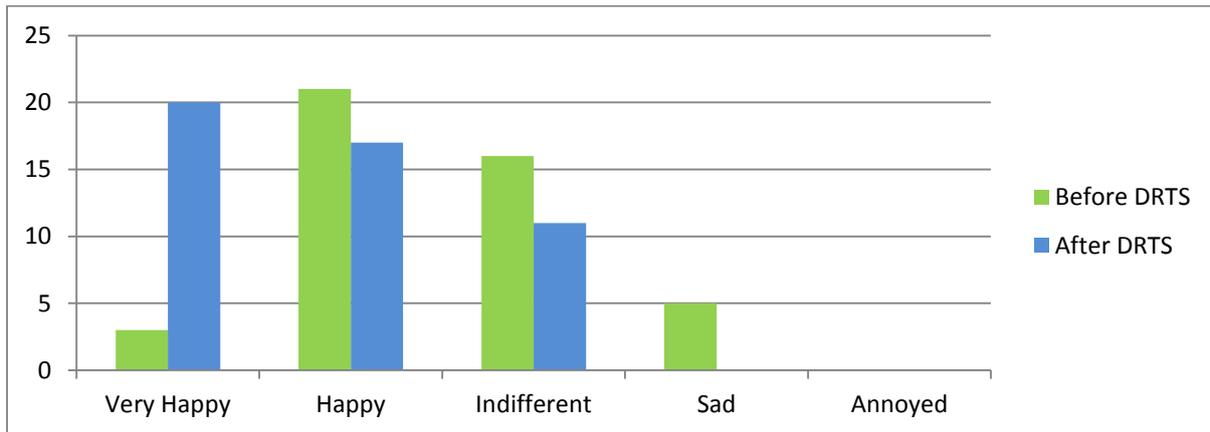


| Indicator | Before DRTS | After DRTS |
|---|---|---|
| **Very Happy** | 3 | 20 |
| **Happy** | 21 | 17 |
| **Indifferent** | 16 | 11 |
| **Sad** | 5 | 0 |
| **Annoyed** | 0 | 0 |

- Significant increase on the number of patients that were happy post DRT

- No patients found to be sad post DRTS which is 100% reduction in relation to the number of patients that were sad prior to DRTS

- Out of 49 patients surveyed, 37 had positive response and none had negative response post DRTS

Table 2
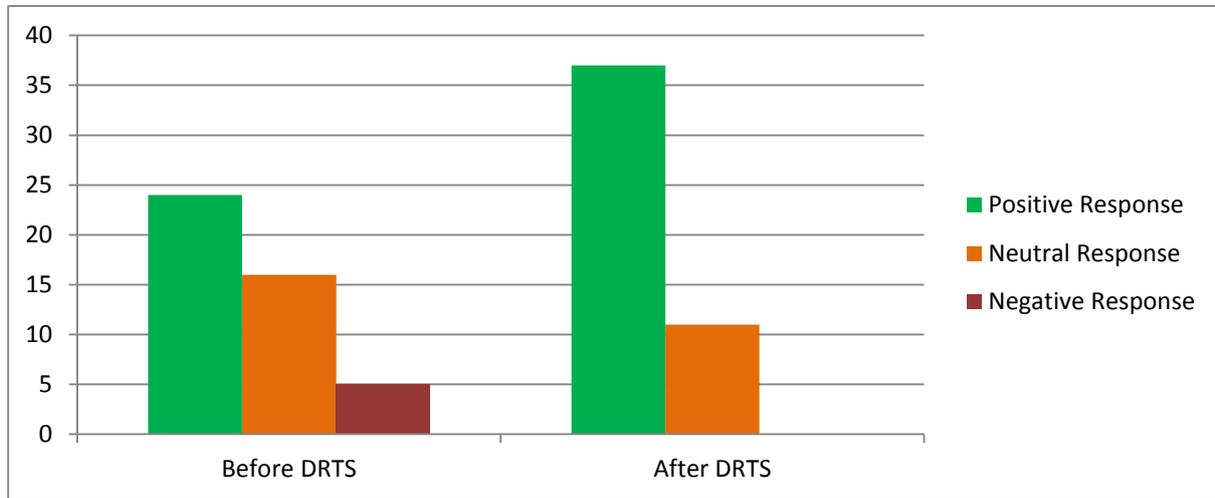


| | Before DRTS | After DRTS | % Difference After DRTS |
|---|---|---|---|
| **Positive Response** | 24 | 37 | 54% |
| **Neutral Response** | 16 | 11 | -31% |
| **Negative Response** | 5 | 0 | -100% |

- 54% increase on the number of patients who had positive response
- 100% reduction on the number of patients that negative response which could be attributed to the DRST
- Srong correlation

## 7. EXCLUSIONS

Initially while the effectiveness of this software is being evaluated, its use was restricted to two Care of the Elderly wards.

## 8. INTERFACES:

Therapies, Heads of Nursing and all nursing staff were informed of and given regular updates on the progress of the project. The project team also liaised with other hospitals and trusts that already have this software in place to create a learning network and share good practice as widely as possible. Infection Control

was consulted due to the portability of this computerised software to reduce and manage any risk from potential cross infection.

## 9. CONSTRAINTS

Using psychologically based types of therapy can be seen as 'not real work' by some staff and on busy inpatient wards. The project team managed this by using research evidence on reminiscence work to educate and inform staff on expected and desirable outcomes. Positive feedbacks from staff that trialed the equipment has helped allay staff's apprehension on participating with the DRT sessions. Initially, the therapist leads on using the DRT, but nurses and healthcare assistant gradually became more confident in using the software. Staffing is also one of the major constraints as both therapy and nursing staff are all overstretched with their workloads. Assigning a person to coordinate DRT sessions and lead on the activities continue to be a challenge.

## 10. CONCLUSION AND FUTURE PLAN.

The feedback demonstrates strong correlation with regards to DRTS and positive experience of patient in the elderly wards. Staff feelings and motivation in using the software was also examined using questionnaires, and family carers were approached for anecdotal feedback and views on the software. Feedback forms were developed and used for staff groups, and for family carers. These were kept to form part of further evaluation and to further improve stimulation and engagement activities using the DRT software. The project team has also liaised with League of Friends and voluntary services for any interested volunteers to be DRT activity coordinators.

Reported by:

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