

Fareham and Gosport

Primary Care Trust

DRAFT

Activity Co-ordinator Proposal

BACKGROUND

One of the key findings of the CHI report section 5 'Quality of care and the patient experience' 5.22 identified that the impact of the activity co-ordinator post was limited. Number 6 of the key findings in this chapter stated that **'opportunities for patients to engage in daytime activities in order to encourage orientation and promote confidence are limited'**

Recommendation 3 of Section 5 'Quality of care and patient Experience' also states **'Daytime activities for patients should be increased. The role of the Activities Co-ordinator should be reviewed and clarified with input from patients, relatives and all therapists in order that activities complement therapy goals.'**

PROCESS

In response to this recommendation a project was undertaken to identify and clarify the role and value of an Activity Co-ordinator.

Representatives of each care group met for the purpose of a preliminary exploration of the role and value of introducing Activity Co-ordinators into Community Hospitals as recommended. Their combined view was that the role would add value to the patient experience but that the information gathering exercise should be widened to include views of patients, relatives and carers.

The next stage in the process was to hold discussions with patients, relatives, multidisciplinary team, Gerontology Nursing Programme Advisory Group, an activity co-ordinator currently working within East Hants PCT to determine their views of the role. Small group work with rehabilitation patients and their relatives was carried out to identify further the feelings and perceptions of potential users of this service.

A review of the current post holder's role within Daedalus ward identified that much of her time was taken up with completing menus and providing more clinical support to patients rather than concentrating on working with patients to encourage diversional therapy and ongoing activities to complement therapy goals.

The information collected was collated into Service User and Health Professional views.

Patients and relatives perception of an activity Co-ordinator is that of social activity by way of games, guest speakers, craft activities and entertainment.

Health professionals view the role more as a member of the multiprofessional team, assisting them with the individual patient goal setting by introducing activities that complement therapy goals.

In addition to this a literature search was completed (see appendix 1). The literature supported the CHI recommendations and gives further support to the value of introducing the Activity Co-coordinator role.

The view of staff at Addenbrooke's NHS Trust was that ".....Many elderly patients are not very mobile and have little choice but to remain on the ward all day. The highlights of their day are mealtimes and visits by friends and relatives. Time drags and they can get quite bored. " Introduction of an activity coordinator gave the following feedback from patients, "....I have been in hospital for about a fortnight. It's nice to have something to do." "....It is good to get involved, and I say congratulations to the hospital for doing this" "....having something to do is wonderful" ref.1

CONCLUSION

From this work agreement was reached that the introduction of an Activity Co-ordinator would be a positive way forward in promoting patient centred care. A job description was compiled (appendix 2) which incorporated the ideas of all concerned.

The added value of an activity co-ordinator to the multi-disciplinary team would enhance the ongoing rehabilitation of patients through both social interaction and active therapy.

CHI's recommendations that daytime activities for patients should be increased would be implemented. 'Daytime activities for patients should be increased. The role of the Activities Co-coordinator should be reviewed and clarified with input from patients, relatives and all therapists in order that activities complement therapy goals. ref.2

PROPOSAL

Three Options were considered: -

OPTION 1

Introduction of an Activity Co-ordinator to Daedalus, Sultan and Dryad. This would require uplift in current funding of an additional 1.33wte.

This option would best reflect the recommendations of the CHI report and ensure that all patients regardless of where they were placed would receive equality of diversional activity.

Advantages

- Would meet CHI recommendations in full.
- All patients would have an option to participate in diversional activities
- Patient day would have a balance between activity and quiet time
- Identified individual goals would be an ongoing part of the day through activity
- MDT would have additional staff to offer support to patients
- Increase current available activity hours.
- Patients would be more stimulated

Disadvantages

- This option requires a 1.33wte uplift
- Patients would continue to spend many hours without activity input
- CHI recommendations not implemented
- Possibility of complaints re boredom from patients/relatives/carers.

Cost of this proposal would be £11,216.00

OPTION 2

Daedalus is a 24 bedded rehabilitation ward. The team provides care and support for patients who have suffered from a stroke, orthopaedic trauma and require general rehabilitation. Currently an Activity Co-ordinator is employed 20 hours per week. The proposal is that this role be increased by 0.26wte to 0.8wte per week. This would enable provision over 5 days.

Advantages

- Additional input to support patient activity
- Currently 0.53wte activity co-ordinator in post
- Ability to develop this role with new Job Description
- Goes some way to meet the CHI recommendations

Disadvantages

- Only one ward area would benefit therefore discriminatory to other wards
- Additional funding required
- CHI recommendations not met.
-

Cost of this proposal would be £3,739.00

OPTION 3

Daedalus currently has 0.53wte activity co-ordinator. This option would require no uplift in hours, however the current Job Description can be altered to reflect the development identified.

Advantages

- Nil cost to the organisation
- Would go some way to meeting CHI recommendations
- Can be implemented immediately
- Could be used as comparison against previous job description.
- Patients' day would be enhanced
- Development of current post to reflect improved Job Description

Disadvantages

- Inequality of service to patients on Sultan and Dryad wards
- Would only partially meet CHI requirements
- Discrimination against patients on Sultan and Dryad ward
- Patient complaints in relation to boredom

This proposal is cost neutral

WAY FORWARD

The group, having reviewed all options would put forward Option 1 as the preferred choice for the reason that it is the only one that meets in full CHI recommendations that;

‘Daytime activities for patients should be increased. The role of the Activities Co-ordinator should be reviewed and clarified with input from patients, relatives and all therapists in order that activities complement therapy goals.’ ref.2

The paper demonstrates that the activity co-ordinator role has been reviewed in line with the recommendations and found that the recommendation should be supported. It is requested that the Trust Board support this proposal and an agreement to additional funding is approved.

In the interim period Option 3 can be implemented to provide us with a benchmark against which to measure patients and health professional views.

Code A

23rd April 2003

Appendix 1

References

1. Addenbrooke's NHS Trust (2003) 'Providing a tonic for bored patients
2. Commission for Health Improvement 'CHI Investigation PHCT at GWMH' July 2002.
3. Code A 'A Transplant Patient's Experiences with Motivation and Boredom'(2002)
www.transweb.org/people/recips/experien/gleason/motiv.html
4. Age Concern Publication 'Groupwork with the Elderly'
5. Code A 'The Successful Activity Co-ordinator', Age Concern publication
6. The Ohio State University Medical Centre Health for Life, 'Ways to Combat Boredom When in the Hospital for an Extended Stay' Dept. of Women and Infant Nursing 3/2001'

Appendix 2

Fareham and Gosport **NHS**
Primary Care Trust

GOSPORT WAR MEMORIAL HOSPITALJOB DESCRIPTION

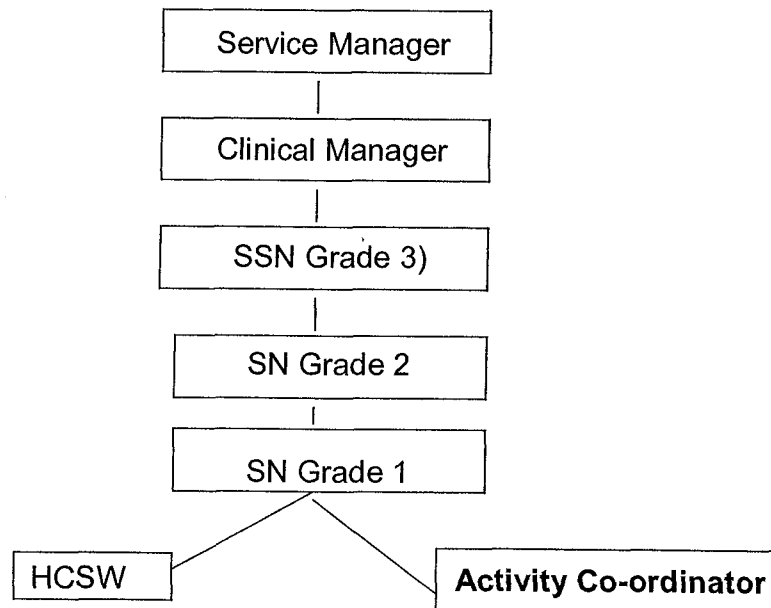
Job Title: Activity Co-ordinator
Scale C Grade 2

Supervisor's Title: Clinical Manager

Name:

Supervisor's Name:

- Main Purpose of Job:** To work within the Multidisciplinary Team to identify patients individual therapeutic activities. To encourage and assist patients to participate in therapeutic activities and to help patients meet their nutritional and hydration needs.
- Position in Organisation:**



- Scope and Authority:** To work within Trust and Hospital Guidelines. To support the ward team in the delivery of patient care and therapy.
- Qualifications:** Essential:
 - Good general education.
 - NVQ Level II Acute Care.
- Experience:** Previous experience as an Activity Co-ordinator or Therapy Assistant is desirable.

Must be able to work as part of a team and to relate to elderly clients and their families.

6. Duties & Responsibilities:

- a. To work as part of the ward team liaising with other MDT members as required.
- b. To participate in the patient centred goal setting process through liaison with MDT members to develop individual programs or group activities.
- c. To participate in weekly MDT meetings to review and evaluate individual's goal setting.
- d. To encourage socialisation on the ward and promote independence through good communication with patients, relatives and carers.
- e. Working with patients and family to maintain an environment around their bed space which maintains safety as well as allowing for personalisation and individual choice.
- f. To recognise patients spiritual needs and assist in providing information and locations of hospital chaplaincy team.
- g. To complete 'Patient Profile' and record on the 'Personalised Activity Summary' information related to activities. Reporting changes in condition to the nurse in charge.
- h. To ensure correct positioning of patient's upper and lower limbs, as per Stroke Guidelines to enable patient's to participate in activities safely.
- i. Assist patients with purchase of newspapers and other items.
- j. To be responsible for the maintenance of a safe environment in dayrooms.
- k. To be responsible for the cleanliness of wheelchairs, that they are regularly checked for completeness and report any defects or losses to the nurse in charge.
- l. To be responsible for checking televisions, radios and associated remote controls. Replacement of batteries and arranging for defects to be repaired.
- m. Ensure activity equipment is correctly maintained, tidily stored.
- n. Make recommendations to nurse in charge for the supply of equipment for patient activity.

7. Educational Responsibilities:

- a. To undertake any training necessary to ensure own development and updating of knowledge.
- b. To undertake mandatory training and updating as laid down in the Trust Policies and Guidelines, unless advised otherwise.

Data Protection Act

Under the provision of the act, it is the responsibility of each member of staff to ensure that all computerised personal information to which she/he has access to in the course of employment, is regarded as strictly confidential. Failure to adhere to this instruction will be regarded as serious misconduct and could lead to dismissal.

Confidentiality

The postholder will be in possession of personal details of staff and clients and other confidential information. This must not be discussed or divulged to any unauthorised person. Any such instance would result in dismissal.

Rehabilitation of Offenders Act 1974

This post is subject to an exception order under the provisions of the Rehabilitation of Offenders Act 1974. This stipulates that all previous convictions, including those which are "spent" must be declared. Previous convictions will not necessarily preclude an individual from employment within the Trust.

Smoking Policy

This Trust operates a no smoking policy within all its premises and their grounds.

Substance Misuse Policy

This Trust operates a Substance Misuse Policy.

This Job Description will be reviewed periodically and may be amended according to the requirements of changing HealthCare needs and Trust Policies.

Patient Information/Profile
Rehabilitation Centre

Name:	Age:
Ward Team:	
Clinical Manager:	
Team Leaders:	
Support Workers are:	
Consultant:	
Ward Doctor:	
Special Diet:	
Visiting times:	
Activities Co-ordinator:	
Hairdresser:	
Washing to be done by:	
ABOUT 'ME':	
My career/life:	
Children:	
Hobbies and interests:	

Ward Booklet/information shared with patient and family by:

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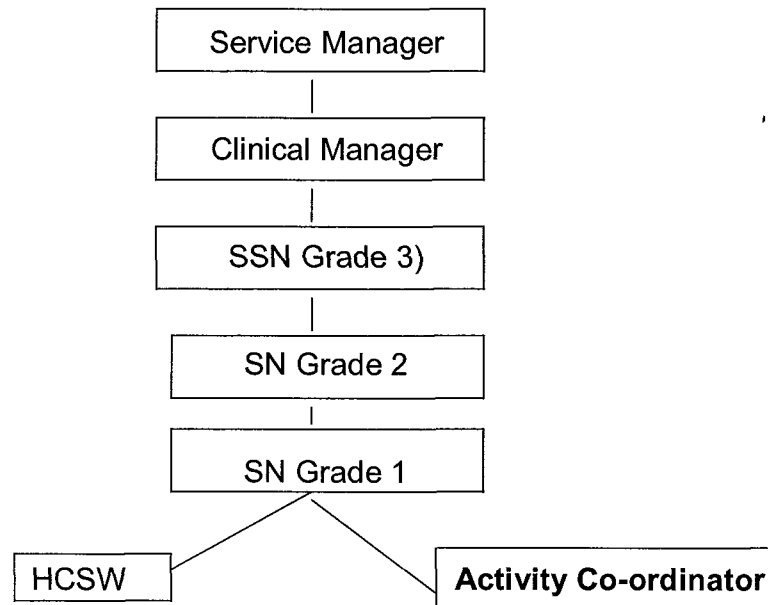
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Clinical Manager:	
Team Leaders:	
Support Workers are:	
Consultant:	
Ward Doctor:	
Special Diet:	
Visiting times:	
Activities Co-ordinator:	
Hairdresser:	
Washing to be done by:	
ABOUT 'ME':	
My career/life:	
Children:	
Hobbies and interests:	

Ward Booklet/information shared with patient and family by:

