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A Project Examining the Effects of Providing Cognitive and Social Stimulation to Older Medical Inpatients.

Introduction.

Almost two thirds of hospital beds are occupied by people aged over 65 (DOH 2004).  Lengths of stay are significantly higher for this age group as are admission rates.  There has been an increasing interest in improving acute hospital care for older adults (over 65) over the past decade (DOH 2001, 2003).  Various reviews have identified shortcomings in the care provided in hospital for older adults, particularly identifying problems in the maintenance of autonomy and independence during hospital admissions (Health Advisory Service 2000,  Department of Health Standing and Midwifery Advisory 2001, DOH 2004).

A number of studies have identified psychosocial issues as predicting outcome measures such as length of stay and morbidity.  For example depressive symptoms have been found to delay discharge (Callum et al 2008).  Cognitive function has been found to predict length of stay and morbidity (Campbell et al 2004).  The weight of research evidence supports the view that depression and cognitive impairment adversely affects well being, engagement in rehabilitation and length of time in hospital.

Older people may experience deconditioning secondary to bed rest, a loss of control over their environment, a reduction in meaningful and valued activity and as a result a loss of mobility and independence ( Siebens et al 2000, Eyres and Unsworth 2005, DOH 2008).  This situation has been recognised nationally and in part the ‘Point of Care’  programme from the King’s Fund, is an attempt to redress this.

Clinical Psychology Project

The programme is delivered by voluntary Assistant psychologists based in the Department Of Clinical Psychology at Salisbury District Hospital (SDH).  The programme is delivered in one-to-one sessions and/or group sessions designed to meet each person’s individual needs and level of functioning.  Two wards were selected for the project (Farley and Redlynch).

The activities include:

 ‘Social games’ (Bingo, Scrabble, Cards, Word and Number Games))

 Newspaper discussion groups

 Conversation Groups

 Cognitive retraining Approaches (Quiz, Crosswords, Brain Training)

The aim of this approach is to :

 Increase Social Engagement

 Provide Intellectual Stimulation

 Improve Well Being

 Improve Mood

The assessment process involves:

Assessment of Mood (Brief Assessment Schedule Depression Cards, BASDEC)

Satisfaction Questionnaires

Data on Length of Stay

The assessment is undertaken before and after the intervention

Preliminary Results.

1. No of participants : 23 (13 males, 10 females)

2. Average Age: 80.4 years (SD= 9.7)

3. Significant reduction in depression between pre and post assessment.

4. Significant  increase in patient satisfaction with activities available on the         ward

5. Increase in patient satisfaction with the ward environment

6. Increase in satisfaction with care provided on the ward

Patient Comments

“The activities were so very useful and helpful”

“The chats and cards were really good”

“”I enjoyed the hand massage and chatting, it makes the day go quicker”

“This has been really good, I wish I could see them after I leave here”

“I enjoyed the activities, particularly a good chat”

“I am usually so lonely with no-one to talk to, everyone is so busy doing their work, I really appreciate having these people coming in”

“I have made new friends here through the conversation groups”

“Its made me feel more alive, more alert, more me”

“Its great, it really adds something to the day, you feel more useful, more involved”

Length of Stay

Length of stay is routinely collected by the hospital in terms of hours.

Data was collected for the length of stay for two months prior to the start of the project and for a follow period for two months after it.

**Redlynch Ward**

Length of stay pre-intervention = **273.55 hours.**

Length of stay post-intervention = **207.85 hours**

Reduction = **24%  (65.7 hours, 2.7 days)**

**Farley ward**

Length of stay pre-intervention **= 384.72 hours**

Length of stay post-intervention **= 241.01 hours.**

Reduction **= 37.4% (143.01 hours, 5.9 days)**

If you compare the length of stay of the 23 patients with the ward average it is also less than the ward average.

Redlynch = **199.50 hours (74.05 hours, 3 days)**

Farley = **220.35 hours ( 164.37, 6.8 days)**

CONCLUSIONS

1. The project improves mood
2. The project improves patient satisfaction
3. ? Length of stay?  Tentatively it reduces LOS.
4. Costs are negligible.  The project was run using volunteers of which we have hundreds.  Three hours of training was given to the volunteers at the beginning and two hours supervision given during the project. Total = 5 hours of an assistant psychologist’s time = £80.00.

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