



Sunlove Activities For Enrichment (SAFE)

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Introduction:

Before COVID-19, patients' activities were conducted at 2 areas within SLH (OT room and inside the ward), where a nurse or health attendant and the Patient Activity Team (PAT) would conduct activities such as colouring, drawing, beading, packing and ball games.

We saw an opportunity to keep our residents occupied, engaged and active during COVID-19. We managed to involve ALL staff in the wards to conduct activities with the patients, thereby creating a more fun and interactive environment for both parties during this tough time.

We conducted a virtual workshop with all staff in-charge of patients' activities to discuss the problems that arose during Phase 1 and also look into solutions as to how to engage residents from their respective wards. We engaged in continuous brainstorming sessions to see how we could keep the patients busy. We also established weekly reports to monitor and track what are the challenges faced by staff and how can we do better as a group

Aim:

To improve residents well-being during Covid 19

Assessment of Problem and Analysis of Its Causes:

COVID-19 affected all, including our resident's activities. During Phase 1 of COVID-19, all residents were confined to bed, with no activities in place, increased fall and behavioural incidences. We at Sunlove home involved all staff together to engage residents inside the wards.

OT's involvement in the SAFE program has had a positive impact on both staff and patients.

On the staff side, OT developed the programmes and schedules, while Therapy Aides and nursing staff conducted the activities. Staff welfare also improved as a result of this project; they reported feeling less stressed and more involved in their patients' well-being. The residents also benefited as well. They are now able to participate in more engagement programmes than ever before, and they're observed to be more active and engaged.

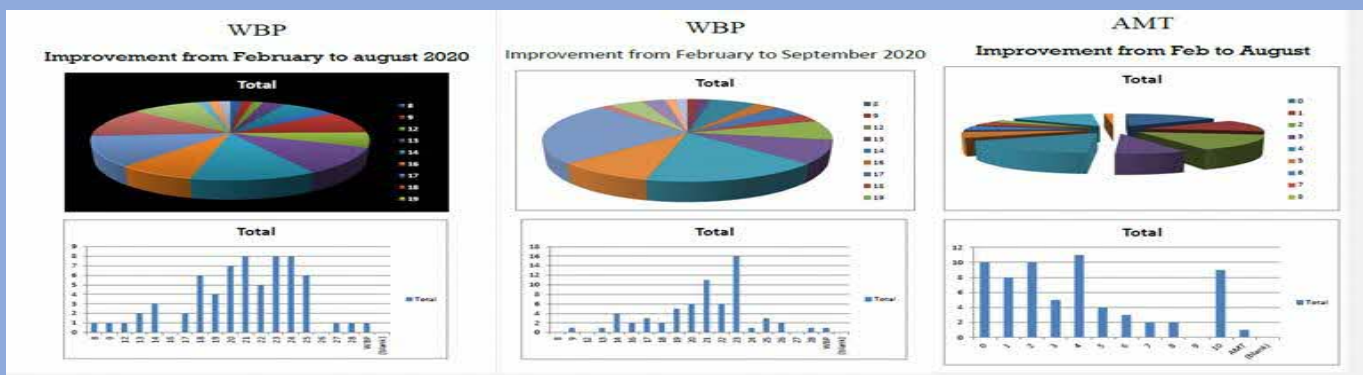
These improvements are quantified through the AMT and WBP scores. In addition, interpersonal relationships between staff members and residents have improved tremendously and which helped in decreased behavioural and fall incidences.

Methodology:

We've divided the programme into two stages: the pilot stage and the implementation stage. The pilot stage is geared towards verifying the effectiveness of the programme while maintaining social distances. The pilot lasted for a week with gaps identified.

At the beginning of each month, our Senior OT builds a schedule detailing the activities within each zone. There are two activities timing slated each day. The Senior OT would then confirm the logistical resources needed for each activity through the Inventory Checklist. Subsequently, Therapy Aides (TAs) are trained by the Senior OT to use the checklists for activities conducted.

Fortnightly, residents' responses to the activities are recorded through the Activity Interest Checklist and updated into our NHelp system. The top seven activities are scheduled for future sessions. The Abbreviated Mental Test, Modified Barthles Index and Well-Being Profile data are collected and recorded so as to track residents' progress



Residents are assessed for activity interest checklist and updated in NHelp system. The most interested 7 activities were selected and weekly schedule is planned. Inventory checklist is developed for available activities and instruments, activities are modified accordingly. Quantitative data collection is done for Abbreviated Mental Test Modified Barthles Index and well-being profile for August 2020 data which is collected and re assessed in August 2020, Major changes in AMT and WBP have been noticed from August 2020 to September 2020 data updated in NHelp. Daily equipment cleaning, Weekly disinfection and Monthly maintainace list developed by OT. TA training for activities implemented by OT. All TAs are competent in activity implementation.

The activity interest checklist was updated in NHelp, with reference to the most interested 7 activities:

- Activity 1: Outdoor games
- Activity 2: Indoor games
- Activity 3: Music and dance
- Activity 4: Cooking and Food preparation
- Activity 5: Crafts
- Activity 6: Gardening and Nature conservation
- Activity 7: Religious/Spiritual activities

Conclusion:

We've found that when we introduced SAFE activities, we get happier and more engaged residents, reduced incident rates, and improved staff morale. We've introduced a new approach to resident care called SAFE (Special Activities for Extraordinary People). It's simple: We ask staff members to devote two hours a day (an hour in the morning and another in the evening) to SAFE activities with residents. These activities include music and movement, art and craft, table top activities, physical games, bingo, and cognitive activities. With this new program in place, staffs is no longer allowed to do documentation or administrative work during the stated activities time—they have to be involved with residents' activity instead.

Lessons Learnt:

- ❖ Covid can only restrict the physical movements but not the leisure and happiness.