

To improve patient structural activity planning process

SSN Estrella Duco (Leader), SSN Vanitha Paneer (Co-Leader), APN Regina Lua Ubana (Facilitator), NC Chan Leong Kwai (Facilitator), SSN Elizabeth Lamata, SSN Thin Thin Mya, SSN Nelsy Matthew, PEN Shahidah Binte Saini, SAN Geng Ailing, AN Ohnmar Htun, SHCA Ni Ni Aung, SHCA Kavitha Balachandran, HA Kalarani Vadivalu
Email: DE_TAJUDAR@imh.com.sg

Problem Statement

- Patients' activities play an important role in their **rehabilitation process**. It is essential to **engage them in meaningful activities** to prevent boredom, help in recovery & improve quality of life. However, planning & executing activities can be challenging for healthcare staff.
- In the past, only selected independent patients were able to participate in outings & walking activities, leaving majority feeling left out.
- Furthermore, there was lack of variety in activities offered. Staff also faced difficulties in choosing appropriate activities for chairbound patients. Additionally, the current activity board was 10 year-old, not updated, causing patients to be unaware of the daily programme. Lastly, only few staff were involved in conducting activities daily.
- Ward 66B staff decided to conduct a project on, **"To Improve Patient Structural Activities Planning Process in Ward 66B"**.



Project Aim

- Engage more assistance to Activity Nurse to conduct activities in both Ward 66A/B.
- Involve all staff to conduct structured activities regularly.
- Allow Activities of Daily Living (ADL) assisted patients who are chairbound to join & enjoy out-of-ward activities, e.g. canteen outing/walking within hospital compound.
- Update current activity board to create orientation & awareness to patients on the programme schedule, to avoid them asking repeatedly.
- Provide a wider variety of activities for patient.

Lessons Learnt

- Direct observation & feedback from team members of all levels & patients were collated, for everyone involved to have a say.
- Teamwork was heavily involved for consensus to address underlying issue of outdated activity board & minimal activities for some of patients.
- Team conducted meetings to identify reasons on chairbound patients unable to join outdoor activities & gathered suggestions from staff, for the possibilities to include them on outings without compromising on their safety.
- Tasks were sub-divided & delegated to each member of the team to create a new activity board, using staff's strengths.

Potential Solutions

	PLAN	TIMELINE
1	Project leader shares the information with team members.	03/10/22
2	Brainstorm with team members on what activity is appropriate for those chair bound patients. Gathered feedback from patients on what activity they prefer.	10/10/22
3	Team members were given task: I. Assigned staff to do the activity board. II. Assigned staff to check roster & allocate staff to help the activity nurse.	17/10/22
4	Assigned staff to proceed with helping the activity nurse in conducting activities- to focus on those ADL dependent who are chair bound or restraint.	24/10/22
5	Variation of activities for those ADL assisted patients implemented.	5/11/22
6	Activity Board is updated and mounted at day lounge.	28/11/22
7	Encouraged feedback from patient and staff on areas of improvement and problems encountered during the period of implementation.	30/11/22

1 Restraint and chair bound patient have the chance to go out of the ward, which can improve their quality of life.



2 All patients have a chance to engage in various activities catering to their needs and preference which will help to improved their psychological well being.



3 Board is updated and visually aesthetic



4 Higher staff satisfaction and morale from patient's improvement



5 Enhanced patient satisfaction

Outcomes & Impacts

Tangible Benefits

- ADL assisted patient/chairbound have the chance to go out of the ward, which can improve their quality of life.
- All patients have a chance to engage in various activities catering to their needs & preference which will help to improved their psychological well being.
- Board is updated & visually aesthetic.

Intangible Benefits

- Higher staff satisfaction & morale from patients' improvement.
- Enhanced patient satisfaction.

