## National Quality Improvement Conference

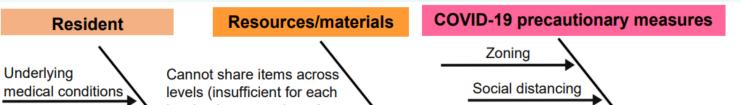
# An initiative to improve activity participation in Nursing Homes during COVID-19

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### Problem Statement

Due to COVID-19 precautionary measures, participation rate in activity of residents reduced significantly from 90% to 79% in our homes. A root cause analysis was done using the cause-and-effect diagram as shown below.



### **Potential Solutions**

The implementation plan is outlined below.

#### Strategy

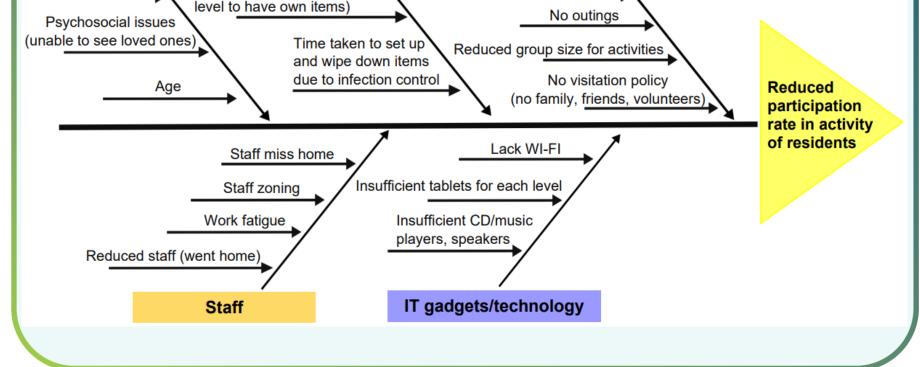
- Occupational therapist and physiotherapist crafted the program and trained staff to carry out the program.
- Manpower (therapy assistants and physiotherapy assistants) for staff allocation to each level

#### Execution

- Identified residents' interests based on a checklist form.
- Modified the activities to minimise physical contact and sharing of items (i.e., using disposable items).
- Planned and organised online activities with volunteers and schools via Zoom.

#### **Evaluation**

Compared participation rate in activity of



### **Project Aim**

- To improve participation rate in activity for residents across all homes from 79% to 85%.
- For residents to enjoy activities in the homes during COVID-19.

### Lessons Learnt

- or zone.
- Purchased additional activity materials and equipment required for the program.
- Purchased portable IT gadgets (e.g., tablets for digital/online activities and Bluetooth speakers for music enjoyment).
- Partnership with volunteers and schools to conduct online activities.
- Allocated staff to each level or zone.
- Activities were conducted in small groups or in residents' rooms by their bedside in accordance with safe distancing guidelines and COVID-19 precautionary measures.
- The same activity was rotated across all levels to enable residents to participate in all types of activities 1-2 times per week, 15-30 minutes for each activity.
- Trolleys were used to bring the materials, equipment and gadgets required for the activities to the residents.
- implementation of the program.
- Gathered feedback from residents using a 5-point Likert scale to rate our activities as shown in Figure 4 below.

### • An activity schedule for residents is shown below.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30 – 9am	BREAKFAST				
Morning sessions	Fit & Tempo (Level 2)	Fit & Tempo (Level 3)	Fit & Tempo (Level 4)	Fit & Tempo (Level 5)	Fit & Tempo (Level 1)
	ADL Training (Level 3)	ADL Training (Level 4)	ADL Training (Level 5)	ADL Training (Level 1)	ADL Training (Level 2)
12 – 1pm	LUNCH				
Afternoon sessions	Sensory diet (Level 4)	Sensory diet (Level 5)	Sensory diet (Level 1)	Sensory diet (Level 2)	Sensory diet (Level 3)
	Leisure/Cognitive Activities (Level 5)	Leisure/Cognitive Activities (Level 1)	Leisure/Cognitive Activities (Level 2)	Leisure/Cognitive Activities (Level 3)	Leisure/Cognitive Activities (Level 4)
4:30 – 5:30pm		ÍŤŤ	DINNÉR		

### **Outcomes & Impacts**

- Participation rate in activity of residents improved from 79% to 93% in our homes from May 2021 to December 2022.
- Out of 584 residents surveyed, 174 (30%) did not complete the survey due to cognitive impairment. 168
- Project aims were achieved: increased participation rate in activity of residents and majority of residents enjoyed the activities.
- Every zone had sufficient equipment/resources for the activities.
- Self-reported questionnaire was limited in obtaining feedback from residents with cognitive impairment. Hence, results are not representative of all residents.
- Our program will be further developed to tailor activities to residents' functional level and include Category 4 bedbound residents.
- Our further study on this modified program will include an observational outcome measure and pre-post data.

(29%) residents found the activities extremely enjoyable and 189 (32%) residents found the activities enjoyable. Results are shown below.

