



Reminiscence, Rehabilitation & Interactive Therapy Activities (RITA)

QUALITY IMPROVEMENT PROJECT

KING'S HOSPITAL DEMENTIA AND DELIRIUM TEAM

Boredom in hospital

- ▶ Boredom is the aversive state that occurs when we (a) are not able to successfully engage attention with internal (e.g. thoughts or feelings) or external (e.g. environmental stimuli)¹
- ▶ Boredom was recognised in a British Medical Association report² as being associated with violence as patients are less able to control their behaviour. Because of this, it recommended steps specifically to address boredom. A small number of studies reveal boredom to be prevalent in hospitals, but to date little has been done.³
- ▶ It is challenging for staff and liaison mental health teams in general hospitals to engage patients with reduced cognitive function.³

Benefits of meaningful activities for patients living with dementia or experiencing delirium

- ▶ Provides a sense of purpose and routine.
- ▶ Acknowledges and uses the skills and life experiences of the person with dementia, improving provision of person-centred care.
- ▶ Emotionally nurturing experiences which increase self-esteem and help the person to feel valued.
- ▶ Opportunity for more social time with family, friends and carers.
- ▶ Maintain skills and independence, and in some cases improve the person's ability to perform certain daily activities.
- ▶ Opportunity for patients to make decisions, express preferences and have choice.
- ▶ Find out interests, abilities and techniques to help improve care for the individual.

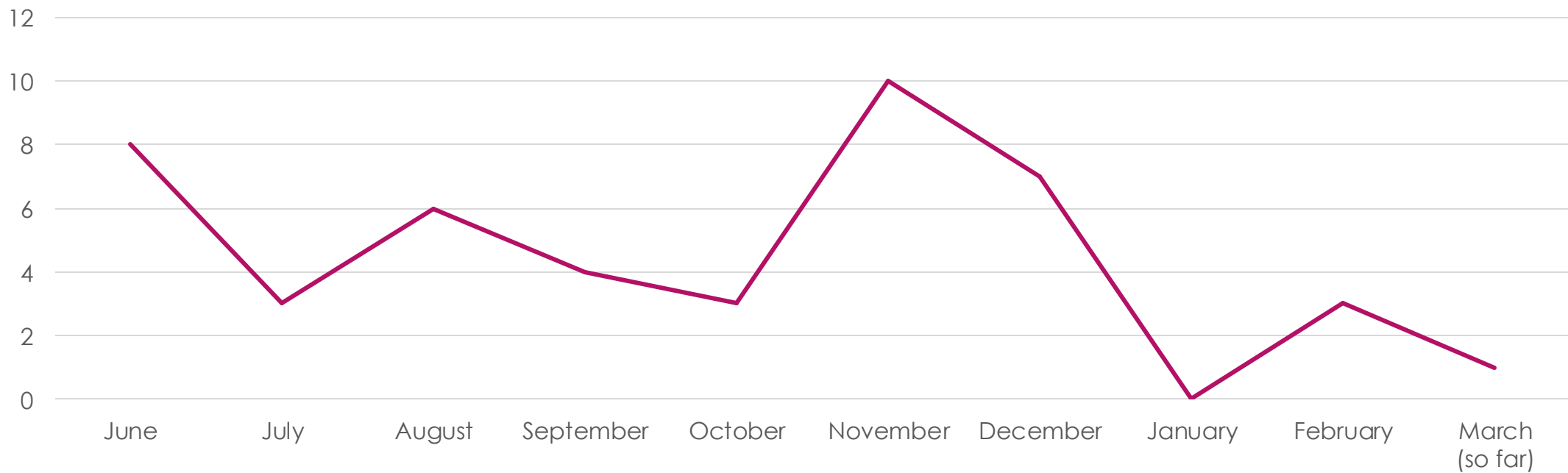
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Falls data prior to introduction of RITA

Falls on Donne Ward 2024 - 2025



RITA arrives October

Feedback from patients

- ▶ 'It's great to be able to have something to watch and engage with, otherwise you're just expected to stare at the wall or the patient opposite. I have liked having films to watch'.
- ▶ 'It was such a relief to have something to do during my admission, me and the gentleman next to me enjoyed watching 'Some Like it Hot' and reminiscing on comedy films from our time.'
- ▶ A retired art teacher enjoyed engaging with RITA assisted by our activities coordinator, reporting they found the activity to be relaxing.
- ▶ Patients in a cohort bay enjoyed singing karaoke and doing a quiz together, reporting that it helped 'break up the monotony of the day' and get to know each other a bit better.
- ▶ Hand and finger exercises followed by patient helped with her rehabilitation following a period of reduced mobility helped her recovery and her independence.

Case study 1

- ▶ 81 year old 'Judy' was a patient on Donne Ward for over six weeks, she had difficulty communicating verbally and had been refusing care and assistance from ward staff. Judy had expressed symptoms of distress through verbal and physical aggression.
- ▶ By using RITA we were able to sit with Judy and ask her about her likes, dislikes, and things that improve her mood. Judy spoke about her favourite music, when we established she would like to listen to Debussy she showed an emotional response.
- ▶ Over the course of her admission she became more conversant, responding verbally and through facial expression. We were able to continue using RITA, Judy responded particularly well to pictures of animals, laughing at pictures of dogs and relaxing whilst watching videos of marine life.
- ▶ Through use of RITA staff were able to improve their engagement with Judy, and consequentially her acceptance of care and wellbeing during her stay.

Case Study 2

- ▶ 79 year old patient Ali, cared for on Donne Ward for over 8 weeks whilst waiting discharge to residential care. Patient diagnosed with delirium on a background of suspected dementia.
- ▶ The DaD team had been asked to formulate a care-plan for patient Ali following a presentation of symptoms of distress, including physical aggression and agitation.
- ▶ They had been reviewed by Old Age Psychiatric Liaison team who were considering prescription of antipsychotic medications to relieve symptoms of distress.
- ▶ On joint visit with OAPL time was spent with patient to have meaningful conversation about patient's likes and dislikes. Due to extent of cognitive impairment verbal communications were limited.
- ▶ RITA was used to show pictures and initiate conversation and observe patient's response.
- ▶ Ali responded so well to RITA that they started independently requesting to use it.
- ▶ Through use of RITA we reduced the need for antipsychotic prescription

Feedback from Family and Carers

- ▶ I've not seen anything like this in hospital before. It was great to be able to sit and play games or watch television with him, it brought some normalcy and relief during this difficult time.
- ▶ My father was transferred to this ward whilst recovering from delirium. Having a television on the previous ward was really helpful in offering activity and reducing his boredom. I was worried when he was moved that the lack of telly and activity on the ward would make his delirium worse again. He was confused overnight but the next day we were introduced to RITA. This was a huge help in getting my dad to engage again. Despite the initial confusion following his transfer, his delirium continued to improve and I think this is thanks to RITA.
- ▶ It was so difficult seeing my mum so distressed, and completely not herself. I didn't know how to talk to her or calm her down. She's a huge Elvis fan so when we were offered RITA the staff had the idea of playing her some of her favourite music. It helped her calm down almost instantly, it was a huge relief to see her stop crying out and shouting and start tapping along to the music.

Feedback from Staff

- ▶ RITA has helped me to engage with patients and find out more about their pasts. I like to play older music and television for them and discuss what it means to them or stories they have.
- ▶ RITA has been helpful on the ward in helping to relieve patients' agitation and boredom.
- ▶ I have enjoyed seeing families interact with RITA together when visiting patients on the ward.
- ▶ As a volunteer it has helped me engage more with patients and know what to say to them
- ▶ The best thing is that it's mobile. We can move it around the bay and ward to use with patients one to one or in larger groups, such as in cohort bays.
- ▶ It can be challenging to find an activity that suits everyone's preferences and abilities in the cohort bays.
- ▶ At present it is being used mostly 1:1 with patients, we would benefit from iPad style devices for this

Hopes for the future

- ▶ To obtain funding for more RITA devices to be used on other wards. We would ideally like to roll these out one at a time so we can provide support to the ward staff in using them effectively.
- ▶ HAU wards have high numbers of patients with delirium, who we have seen benefit from RITA
- ▶ Every ward would benefit from increased cognitive stimulation
- ▶ Portable hand-held RITA devices could be used better for 1:1 activities
- ▶ Training programmes and established pathways for volunteers who would like to become 'RITA buddies' to help ensure RITA is utilised as much as possible

References

1. Eastwood, J. D., Frischen, A., Fenske, M. J., & Smilek, D. (2012). The Unengaged Mind: Defining Boredom in Terms of Attention. *Perspectives on Psychological Science*, 7(5), 482-495. <https://doi.org/10.1177/1745691612456044>
2. BMA Science & Education. "The psychological and social needs of patients." (2011).
3. Steele R, Linsley K. Relieving in-patient boredom in general hospitals: the evidence for intervention and practical ideas. *BJPsych Advances*. (2015) 21(1):63-70. doi:10.1192/apt.bp.113.011908