

The Practicalities of Implementing and Recording 25 Hours of Activity

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York

Quality Network for Forensic Mental Health (2010)

- **‘There is a planned programme of treatment with a minimum of 25 hours per week per patient of structured activity which is reviewed quarterly’ (A94)**
- Yorkshire & Humber Secure Commissioning Services Team
- Contract requirements / CQUIN

Where we started

- Defining activity
- What are patients actually doing?
- OTs working together across the Region

Yorkshire & Humber definition

25 hours of meaningful activity:

- ‘ Time spent doing an activity both on your own or with others which are personal and important to you, impacts on the way you feel and which drives your treatment and recovery’

CQUINS

- Commissioning for Quality and Innovation payment framework
(Department of Health 2008 Policy Guidance for 2010/2011)
- A national framework for locally agreed policy improvement schemes
- CQUIN scheme required to earn CQUIN money
- Goals should be stretching and focused

25 Hours Meaningful Activity

- **Description of indicator**

Providers will continue to embed the development of service user defined activity plans within services ensuring that these link to the shared pathway work stream, in relation to recovery and service user outcomes.

Rationale for inclusion

Evidence suggests that boredom and reduced motivation results in poorer clinical outcomes for service users within secure care. This CQUIN promotes a balanced and structured day involving meaningful activity linked to service users agreed care plans that promote recovery.

Implementation of the CQUIN will enhance the experience of care and enhance clinical outcomes.



25hrs MEANINGFUL ACTIVITY - BENCH MARKING TOOL

Planned and unplanned activities

Standard 1 Planned

Every service user will have a personal activity timetable which is planned weekly and determined by the service user, in partnership with their clinical team

Standard 2 Recording

Service users will hold their own record of activities, both planned and unplanned, which will be recorded in either a diary or on the timetable.

Information and Involvement

Standard 1 - Information

Information about activities will be clearly displayed on the ward which should include present activities and ideas for future activities.

Standard 2 Involvement

Service users will be supported to lead and influence group activities and social events. This should include decisions about how resources are spent.

Personalisation

- **Standard 1 Choice**

Choices of activities will be available based on their interests negotiated with their clinical team

- **Standard 2 Review**

Each individual's activity programme will be jointly evaluated to review outcomes linked to treatment and recovery

Environment

- **Standard 1 Space and resources**
Access to appropriate spaces and resources to enable people to engage in their meaningful activity

Involvement, Choice and Responsibility

- **Description of indicator**

This CQUIN aims to help prepare services to build on and develop strong involvement infrastructure which will assist in implementing the national QIPP work stream in relation to improving the quality of the pathway within services. **Its aim is to develop a shared understanding of the pathway between service users and staff, where service users take an increasing role in meeting outcomes, and responsibility in relation to choice and lifestyle.**

Rationale for inclusion

The CQUIN promotes the notion of service users and care staff working in **real partnership** in order that service users can move through a shared pathway in a timely manner. It is assumed that in doing so length of stay can be reduced and the experience of care improved.



Recording Activity

- **2007 – what we had**
- One department keeping statistical data
- Data kept on a paper system
- Computer knowledge variable
- **2008 – resources & what we needed**
- New standards have to be met
- Management course – Project Management Sept 08
- Support from audit / computer whiz!
- Delivered by 01.04.09



Summer 2008 Paper System

Initially covered the 'working day' , half hour periods

Interventions defined by professional groups plus ward based activities

Piloted across two wards for a three month period

Audited

Results

- Poor quality data
- Information was being input by night staff
- Generalisation of information
- Data inconsistent / unreliable
- No ownership of the system by staff
- Revised methods of recording



The electronic system

The design requirements:

- First user input
- Patient focused
- Quick and easy to use
- Suitable for people with few computer skills
- Safe (data protection)
- Quick and easy accessible reporting
- Availability / affordability

The electronic system (continued)

- Final product met all the design criteria producing a quick, intuitive data entry system, by staff, with a reporting structure which is accessible from any machine with the software installed
- Data is password protected, reports are patient focused and accurate.

The electronic system (continued)

- Makes use of touch screen technology
- Average input time is 20 seconds
- Reporting is password protected with restricted user level access
- Many different report structures available
- Quarterly reports sent to lead commissioner

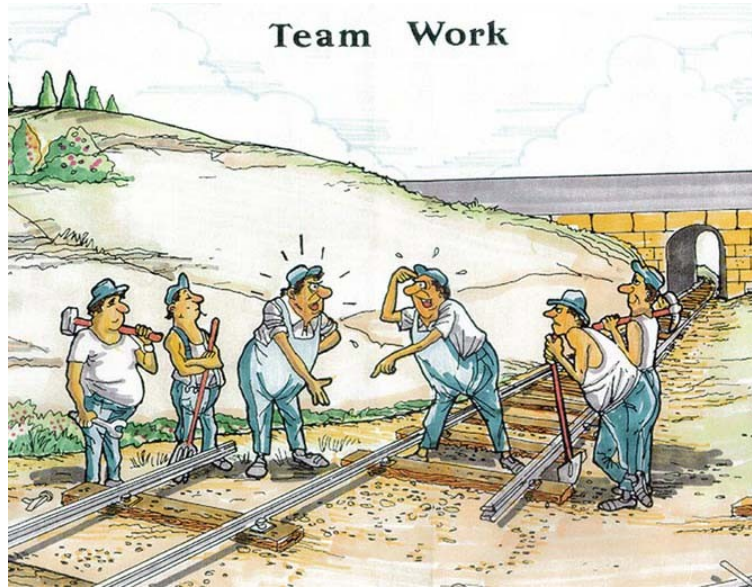
The Implementation Process

- All staff were made aware of the system via payroll
- Each discipline selected relevant activities
- Reinforcement of patient focus
- Piloted across 2 wards for 2 weeks
- System reviewed and updated
- Staff trained in use, including night staff
- System launched across the hospital on March 1st – one month in advance of the deadline

Service User Involvement

- Service Users asked what activity they want recorded
- Ideas of users recording their own data discussed
- Honesty and competitiveness
- What of passive engagement activities?
- Smoking, bedroom access & seclusion?

Team Work



Staff Ownership

- The data base records patient activity not staff activity.
- Not a time / motion study
- Staff were initially reticent about not having ownership of certain activities e.g. attendance at CTM or CPAs
- Decisions re: recording co-facilitated groups

Data base evaluation

- The system is effective
- It identifies accurate data
- Reports are available for CPA meetings
- 98% meeting target of 25 hours of activity
- Acknowledge some patients will never meet this target
- Staff like the system due to the data that is made available to them and that its quick to use

2010

- Computerised hospital wide system
- All staff input
- Information available in report format for CPAs
- Patient do not input data

2011

- Currently same as 2010
- EPR on line Summer 2011
- Patient input own data
- Activity becomes a generic term for everything a patient does

Activity Categories 1.

Occupational Therapy

Computers	Patient Social Evening
Music	Social Reps. Meeting
Ward Leisure Activity	Off Ward Leisure Activity
Community leave	Vocational Rehab.
Com leave planning	User Involvement
Assessment	Walking Group
Individual session	S17 Escorted
Drama Therapy	Woodwork
Health and leisure	Domestic Rehab.
Group	Art/Pottery
Self directed activity	Horticulture / Animal care
User Involvement	Education



Activities categories 2.

Medical	
Case Presentation	MHT
History taking	Court Appearance
Physical exam	Crisis intervention
Diagnosis	Boundary reinforcement
Treatment disc.	Assessment for leave
Assessing capacity/consent	Secl / isol review
Ind. Psychotherapy	Dispute resolution (pt/pt)
Group therapy	Individual
Onward placement Disc.	CTM
Renewal of section	Risk assessment
Report interview	Medication discussion
CPA	Effects of treatment
	Admission Clerking



Activities categories 3.

Social Work	Psychology	Health and Leisure
User Involvement	PBP	Education
Home-Visit Patient	Individual Intervention	Swimming Group
Pt / family session	DBT Vacation	Aerobics Individual
External meeting	Group Intervention	Gym Individual
Ward Rep meeting	Assessment	Aerobics Group
Face to Face		Initial Assessment
		Swimming Individual
		Gym Group

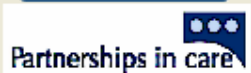
Activities categories 4.

Nursing		
Courtyard leave Unescorted.	Group	Boundary Reinforcement
Patient with External prof.	Physiotherapy	Dentist
Hairdresser	GP visit	Court escort
Dispute Resolution (pt to pt)	Dietician	Chaplain
Walking Group	Family visits	Police station
Optician	S17 Unescorted	O/P appointment
Music Room	Professional visit	A & E
Courtyard leave Esc.	Individual	Hospital Admission
Community Meeting	Speech Therapy	S17 Escorted
Morning Meeting	Crisis Intervention	ADL / Personal Hygiene
Escorted Visits	Podiatrist	Home Visits
Managers meeting	Practice nurse	Ward Leisure Activity
		Ward Based Education

Activities categories 5.

Admin	Education
Face to Face	Ongoing
Access to records	Group
Complaints meeting	Assessment

Where we are today

Department	Ward of Patient	Patient Name:	Activity	Time spent.	Date of activity
<input type="button" value="Admin"/>	<input type="button" value="Boston"/>	Test1	Access to records	<input type="button" value="5 mins"/>	<input type="text" value="22/04/2009"/>
<input type="button" value="Education"/>	<input type="button" value="Dalby"/>	Test14	Complaints meeting	<input type="button" value="10 mins"/>	<input type="button" value="Calendar"/>
<input type="button" value="Health and Leisure"/>	<input type="button" value="Farndale"/>	Test16	Face to Face	<input type="button" value="15 mins"/>	<input type="button" value="Today"/>
<input type="button" value="Medical"/>	<input type="button" value="Fenton"/>	Test28		<input type="button" value="30 mins"/>	<input type="text" value="Are all the details correct?"/>
<input type="button" value="Nursing"/>	<input type="button" value="Kirby"/>	Test31		<input type="button" value="45 mins"/>	<input type="button" value="OK"/>
<input type="button" value="OT"/>	<input type="button" value="Kyme"/>	Test32		<input type="button" value="1 hour"/>	<input type="button" value="Log Off / Undo"/>
<input type="button" value="Psychology"/>		Test34		<input type="button" value="2 hours"/>	
<input type="button" value="Social Work"/>		Test35		<input type="button" value="3 hours"/>	<input type="button" value="Incorrect last Entry?"/>
		Test39		<input type="button" value="4 hours"/>	<input type="button" value="EXIT"/>
		Test4		<input type="button" value="5 hours"/>	<input type="button" value="Main Menu"/>
		Test44		<input type="button" value="6 hours"/>	<input type="text" value="Previous entry info."/>
		Test46		<input type="button" value="7 hours"/>	<input type="text"/>
		Test49		<input type="button" value="8 hours"/>	<input type="text"/>
		Test5		<input type="button" value="12 hours"/>	<input type="text"/>
		Test55		<input type="button" value="24 hours"/>	<input type="text" value="Mins:"/>
		Test64		<input type="text" value="00:20"/>	
		Test78			
		Test79			
		Test8			
		Test81			
		Test82			
		Test84			
		Test89			
		Test93			

You are logged on as:
Stephen Adlam
Reason for cancellation.

- Family Visits
- Health and Safety
- Patient Unwell
- Professional Meeting
- Pt in isolation
- Pt in seclusion
- Refused by pt
- Staff Leave/Sickness
- Staff resource

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Reports • Patient overview

report, patient overview

Partnerships in care

Activities overview for [redacted]
between 01/10/2009 and 01/11/2009.

Total hours offered to or taken by [redacted]: 147.83
Total hours cancelled by staff: 0.00
Total hours refused by [redacted]: 65.25

Education **Activity for department in hours 3.50**

<i>Activity</i>	<i>Time offered or in activity:</i>
Ongoing	3.50


Health and Leisure **Activity for department in hours 41.75**

<i>Activity</i>	<i>Time offered or in activity:</i>
Gym Group	41.25
Swimming Group	0.50

Medical **Activity for department in hours 1.50**

<i>Activity</i>	<i>Time offered or in activity:</i>
CTM	1.00
Individual	0.50


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Reports

- Department Overview

report, patient overview



Partnerships in care

Activities overview for OT
between 01/10/2009 and 01/11/2009.


Total hours in activity for OT: 1316.50

Total hours activity cancelled by staff: 25.00
as a percentage: 1.9%

Total hours activity cancelled by patients: 110.00

<i>Activity</i>	<i>Time offered by staff in activity:</i>
Art/Pottery	142.58
Assessment	8.50
Com leave	15.50
Computers	4.67
Domestic Rehab.	198.58
Drama Therapy	9.50
Group	118.42
Health and leisure	2.00
Horticult/Animal care	85.00
Individual session	115.75
Music	62.67
Off Ward Leisure Activ	136.83
S17 Escorted	11.50
Self directed activity	3.25
Social Reps. Mtng	8.42
User Involvement	29.75
Vocational Rehab.	60.25
Walking Group	22.50
Ward Leisure Activity	168.33
Woodwork	112.50

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Reports

- Patients with less than 25 hours

report, patient overview



Partnerships in care

Overview of patients with average of less than 25 hours activity per week
between 01/01/2009 and 01/11/2009

Boston

[Redacted]	total hours	72.67
[Redacted]	Average hours per week	16.41
[Redacted]	total hours	77.89
[Redacted]	Average hours per week	17.98
[Redacted]	total hours	27.75
[Redacted]	Average hours per week	6.27
[Redacted]	total hours	71.42
Admitted 13/06/2003	Average hours per week	16.13
[Redacted]	total hours	57.50
Admitted 11/03/2004	Average hours per week	12.98
[Redacted]	total hours	92.25
Admitted 13/12/2007	Average hours per week	7.28
[Redacted]	total hours	94.89
Admitted 10/03/1999	Average hours per week	7.87
[Redacted]	total hours	81.58
Admitted 14/10/2008	Average hours per week	18.42
[Redacted]	total hours	82.17
Admitted 03/01/2009	Average hours per week	18.55
[Redacted]	total hours	41.99
Admitted 13/12/2008	Average hours per week	9.39

Kate Allan

17 November 2009

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Reports

- Department cancellation overview



cancellation overview for OT

Between 01/10/2009 and 01/11/2009.

***Total hours cancelled:** 135.00*
***Total hours cancelled by patients:** 110.00*
***Total hours cancelled by staff:** 25.00*

Refused by Patient	82.25
Family Visits	0
Staff leave/sickness	11.50
Professional Meeting	6.25
Patient Unwell	24.25
Staff Resource	6.50
Patient in Seclusion	0
Patient in Isolation	3.50
Health and Safety	0

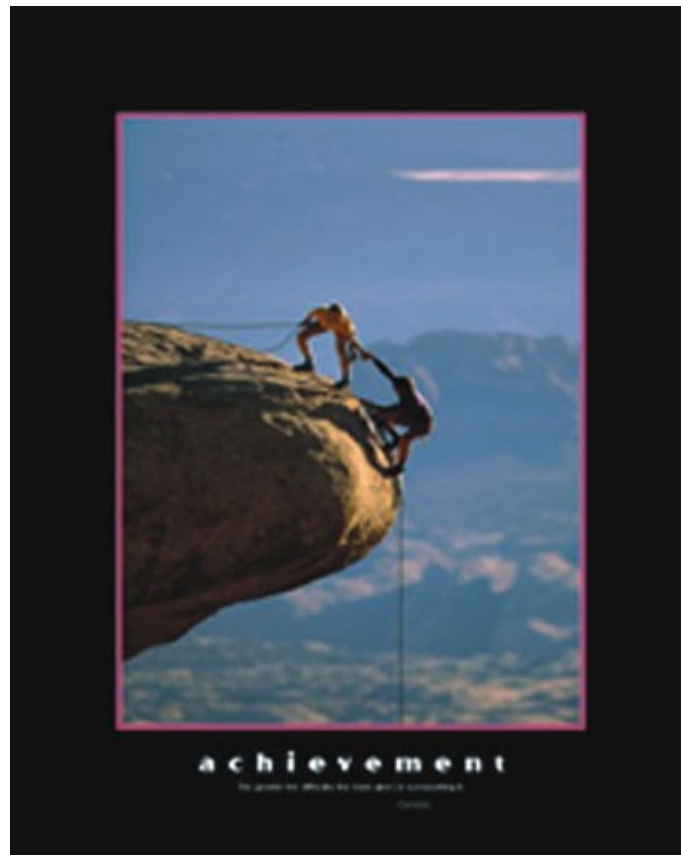


2011

- Patient inputting own information
- Patient drawing up their own timetables in partnership with their clinical team (Y&H)
- Patients hold their own record of activities (Y&H)
- Activity information clearly displayed on the ward (Y&H)
- Service users being responsible for social events/ group activities (Y&H)
- Choices of activities available (Y&H)
- Access to appropriate spaces & resources (Y&H)
- Electronic Patient Records – patient input

Conclusion

- The challenge is for OTs to be the primary movers in managing activity
- To ensure activity is widely publicised on the wards
- Up to date patient timetables
- Meet the reporting timeframes for the CQUIN
- Engage staff in the importance of changing the way activity is planned and recorded



- **Any Questions?**

- My thanks to
- Yorkshire & Humber Secure Services Commissioning Team
- Regional Service User Involvement Group

- **References:**

- Farnworth, L, Nikitin, L. & Fossey, E. (2004) Being in a Secure Forensic Psychiatric Unit: Every Day ins the Same, Killing Time or Making the Most of it'. British Journal of Occupational Therapy (10) 430 – 38
- Golledge, J (1998) Distinguishing between Occupation, Purposeful Activity and Activity. Part One – Review and Explanation. British Journal of Occupational Therapy 61 (3) 100 - 105