

The Introduction of the VdT Model of Creative Ability in an independent low secure unit and the benefits to the occupational therapy service, the patients and the hospital.



History

- OT introduced to Ashley House in 2009
- Model of Human Occupation and Canadian Model of Occupational Performance introduced
- Company OT Assessment tools in place: MoHoST and OTTIS.

Issues

- Assessments identified occupational functioning but lacked focus on occupational areas i.e. productivity, self-care, free-time and social
- Inconsistent planning and reviewing of intervention
- Focus on attendance and activity rather than therapy
- Groups mainly provided onsite by technical instructors with some involvement from OT
- Sessions sometimes affected due to resource and communication issues.



Drivers for change

- Staff lacking direction and unsure of their role
- Need for improved information for family, staff, commissioners
- OTs needing a stronger identity
- Increased quality of information at CPAs required
- OT input restricted by paperwork and meetings.



Plans for change

- Respecting and developing professional boundaries 'fields'
- Networking
- Occupational therapists, technical instructors, hospital manager, speech and language therapist, nursing, and selected senior support workers; all attended training in the VdT Model of Creative Ability
- Pilot study of ward action plans introduced
- OT 8 weekly timetables introduced followed by a review week
- Additional training on the use of CPA care planning for OTs/TIs.



Moving forward

- Structuring the service realistically (resources)
- Creative participation tool and APOM outcome measure in place
- OTs increasing patient contact alongside technical instructors both jointly running groups and teaching ward staff how to implement activity using MoCA principles
- Weekly patient reviews with OTs, TIs and tutor and MoCA meeting
- OT assessment and outcome tools in place within an assessment file
- Patients provided with personal portfolios
- MDT sessions increasingly focused on need
- OT pathway in situ
- Weekly CPD group
- Therapeutic hand over meeting in the mornings
- Patient timetable increased to 8 week period
- MoCA activity boxes to be developed.

Ward Activity Plan Level 3

Problem Identified / baseline	Aims	Plan How are you going to reach the goal?		Suggested activity
<p>To continue to maintain or develop independent living skills</p> <p>Limited purposeful routine and interests</p> <p>XXXX has some limitations in communicating his needs to others</p>	<p>Self care</p> <p>Productivity</p> <p>Freetime</p> <p>Social</p>	<p>Approaching the activity:</p> <ul style="list-style-type: none"> • Before starting, give clear instructions on what is expected in his behaviour, don't give expectations on the product as this may set him up to fail. (Start by saying "let's try to...") • Give lots of support and encouragement • Give recognition for his efforts when completing the task (even if the end product is poor quality) • Don't let XXXX become too dependent on you by helping him too much. <p>Activity requirements:</p> <ul style="list-style-type: none"> • Provide activities that have no more than 3-4 steps involved • Allow patient to explore different colours, materials, procedures to complete the activity • DON'T HAVE A SAMPLE PRODUCT AVAILABLE (won't be able to match) • Make sure the activity is successful (Don't set him up to fail) • Give praise throughout the task. Praise the 'doing' rather than the finished product • Give a few rules • Make sure the activities facilitate fun and enjoyment • Encourage social interaction. 	<p>Structuring the activity:</p> <ul style="list-style-type: none"> • The activity must be well organised • Use familiar and unfamiliar equipment • Don't make the situation into a competition (praise all peers for participating) • Have short 10-20 minutes, sessions can be repeated • Gradually provide external stimulation (music in background, distractions, TV turned on). <p>Presentation of the activity:</p> <ul style="list-style-type: none"> • Give clear instructions; use simple language • Use sentences such as "let's try...", "what will happen if we do it differently?" Or use another tool? • Demonstrate/allow patient to try out the activity • Give necessary input to increase knowledge about how to do the activity • Activities need to be completed from staff in the manner of a 'teacher', providing structure and what's expected. <p>Cautions:</p> <ul style="list-style-type: none"> • XXXX doesn't like the word 'no', unpredictability, loud noise levels watching wrestling increases inappropriate behaviour. 	<ul style="list-style-type: none"> • Card-making with pre-cut items • Playing instruments - to no specific standard • Karaoke/singing • Making pizza (with toppings) • Simple baking/decorating cakes • Making hot drinks with minimal support • Completing the food menu • Making salt dough • Board games • Cleaning the ward/tidying bedroom • Bingo • Dominoes • Table tennis • Pool • Word searches • Colouring • Painting • Paint blowing • Balloon modelling • Playing cards • Planting seeds • Watering plants • Sensory pathway at Trentham Gardens • Mother has reported that XXXX enjoys, hot dogs, DVDs television, jelly, cake swimming, football, drawing/painting.