



Service Priorities and Programmes Electronic Presentations

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A trolley with Multi-Sensory Stimulation (MSS) to enhance mood and improve behaviors of Psycho-geriatric (PG) in-patient.

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Introduction

Hospitalization of PG elderly helps to relieve carers stress. However, it leads to their deprivation from stimuli as physically separated from society and relatives that they loved and trusted. Their mood lowers further especially if chair bounded. Baker et al (2003) mentioned that MSS is beneficial to reduce the behavioural and psychological symptoms of dementia (BPSD). Traditionally patients receive various treatment (i.e. dressing, catheterization) via trolley during hospitalization, this program was to provide systematic intervention of visual, auditory, olfactory and tactile stimuli to PG patient with a MSS equipped trolley.

Objectives

Improve the quality of care, by enhancing PG in-patient's mood and reduce BPSD during hospitalization.

Methodology

Program design is quasi experimental pre-test / post-test single group. Data sourced from female PG ward (Mini-Mental State Examination (MMSE) > 14; mentally capable for being recruited.). The assessment tools are Geriatric Depression Scale (GDS), Cohen-Mansfield Agitation Inventory (CMAI) and surveys. One-hour session a week, 5 sessions of senses theming with reminiscence and socialization input. Scores of assessment tools were analyzed, excel table and charts are used. Limitation of program: Subjects and staff are not blinded for intervention; Pharmacological intervention and surrounding environment are unavoidable confounding factors.

Result

Nineteen patients joined this program in open group eventually, three were markedly improved for behavior of agitation, but one was still high in CMAI, one improved mood as reflected in GDS, most showed welcome for the program. In conclusion, patients were empowered by MSS, and staff could apply their knowledge into practice during the process of intervention. It brings health implication, during illness process, medication is indisputable for curing disease but BPSD is not relieved only by medication. This program was trying to cultivate more frontline staff to explore non-pharmacological way to relieve the symptoms of our mental ill patient.