

Developing Occupational Therapy Led Interventions During a Pandemic

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Introduction

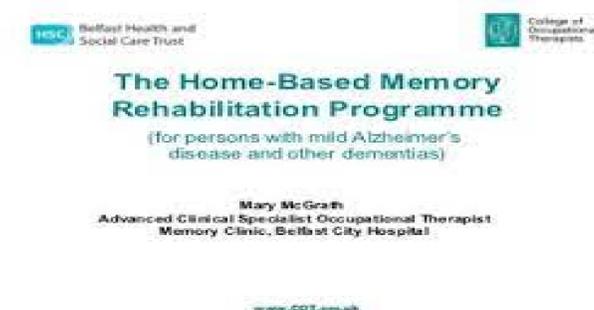
Prior to the pandemic, cognitive stimulation therapy (CST) was offered by a consultant psychiatrist post diagnostically, and run by experienced health care support workers in a group format. Uptake was variable with high potential to disengage. Consultant turnover has also been high at times. Occupational Therapy (OT) looked to develop the intervention offer by tailoring it more to the service users needs and provide continued over-sight to support their ongoing engagement. Service developments started prior to the pandemic, and their provision was adapted to comply with working to a hybrid model.

Key service improvement goals →

- To increase uptake of and engagement in intervention offers
- Provide targeted intervention offer appropriate to service user needs and abilities
- Active offer in first language
- Sustainable offer within available team resources and skill mix
- Ensure appropriate oversight of intervention offer to maximize potential benefit

Methods

Following assessment by OT, service users are put on pathway for home based memory rehabilitation and/or CST. Interventions are provided on a one-to-one basis, with an offer of telephone or video conferencing. Sessions are offered on a weekly basis, with resources sent out in advance. Service user feedback is gained on conclusion of each programme and evaluated by OT to facilitate continued service development with a co-production approach.

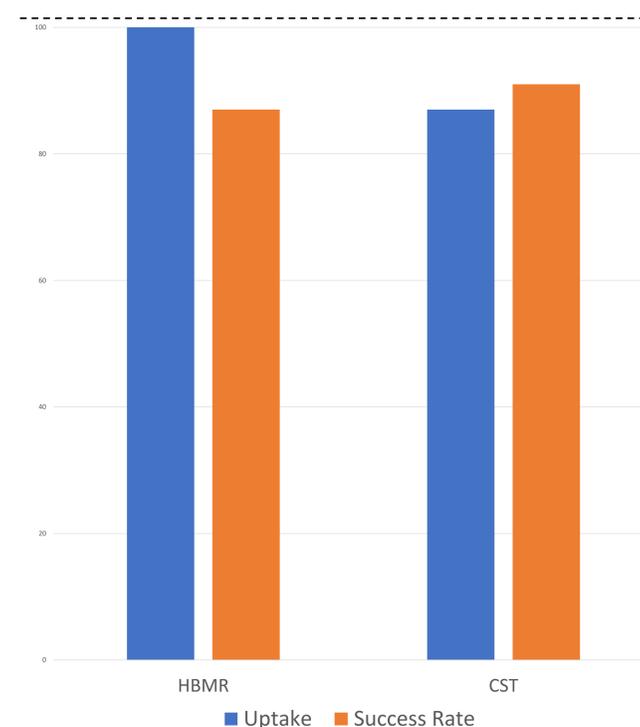


References

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- Dementia: assessment, management and support for people living with dementia and their carers, NICE 2018.
- All Wales Dementia Care Pathway of Standards, Improvement Cymru, Welsh Government. 2021
- McGrath, M, Passmore, P. Home-based Memory Rehabilitation Programme for persons with mild dementia. Irish Journal of Medical Science. 2009; 178 (suppl 8); S330.
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Results

Intervention uptake increased to 100% for HBMR with 87% success rate. ICST uptake was 87%, with 91% success rate. Evaluation of feedback received was positive, with service users verbally reporting increased confidence, social ability and improved general wellbeing. A clearer pathway for intervention programmes is now embedded within core practice.



Conclusions

Provision of targeted interventions, overseen by OT has resulted in significantly improved uptake and enduring success rates. Provision of intervention should continue to include targeted offers on a one to one in a post-pandemic service model, with consideration to return to group and face to face work in the future. Remote working methods should be considered dependent on individual need and clinical management.

Future service improvement goals →

- Expand offer further to life story and reminiscence work to further grade interventions to service user need and ability
- Increase OT provision in service to ensure sustainable and continued service development in keeping with best practice guidelines