Saint Joseph's Healthcare System Therapeutic Activity Kit
Reduces Feelings of Helplessness and Frustration in Patient and Caregiver

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Environment
Older adults with dementia experience difficulty communicating secondary to cognitive impairments. A cognitively intact patient states needs directly, whereas cognitively impaired patients manifest behaviors such as agitation, wandering, and calling out (Conedera & Kingston, 2013). Restraints and sedation are some of the common measures utilized to manage these behaviors; however non-pharmacological interventions should be the first-line treatment (Conedera & Kingston, 2013; Cotter & Evans, 2016). At *Saint Joseph's Healthcare System* (SJHS), in northern New Jersey, nurses are encouraged to implement the SJHS Therapeutic Activity Kit before these behaviors start.

Implementation
The SJHS Therapeutic Activity Kit is a nurse driven toolbox of activities designed to divert attention from these difficult-to-manage behaviors, while meeting cognitive and psychosocial needs. To maximize successful participation, this project uses cognitive ability based on the stage of Alzheimer's disease/dementia, to guide the activity selection. Kits were implemented throughout the hospital system through the sponsorship of Sisters of Charity of St. Elizabeth, SJHS Nurse Practice Council and NICHE Steering Committee.

The kits contain nine evidence based activities: word search puzzles, doodling, coloring, reminiscence cards, playing cards, color changing egg, towel folding, baby doll, and music. Each component of the kits is designed for the older adult patient, including the use of large print materials to accommodate vision deficiencies, large sized crayons for arthritic hands and decreased dexterity, and age appropriate music. The favored activity changes between care settings; music is the most frequently used activity in critical care units, while the baby doll is preferred in medical/surgical units. However, the activities in the kit are easy for the nurse to implement and delegate to a patient care associate (PCA) or volunteer.

Inter-professional education was provided throughout the hospital system to more than 300 employees. Formal education formats include a one-hour continuing education credit classes for RNs, 15-minute educational briefs for PCAs, and an in-service session for volunteers. Non-nursing staff members can identify patients who may benefit from therapeutic activities, so poster presentations were provided for managers, allied health professionals, and unit clerks.

Results
After implementation, outcome data was collected through documentation of activity use, staff surveys and nurse interviews. For example, the Geriatric Emergency Department documented 47 successful uses of the activities as first line non-pharmacological treatment of dementia related behaviors within the first month of implementation. During one on one interviews, nurses and PCAs recounted successful use and patient response to the project. One surgical nurse described a dementia patient who stopped pulling out IVs after starting the coloring activity. To remind the

patient of her accomplishments, completed pictures were displayed throughout her hospital room. This patient continued coloring for three days without disrupting additional medical devices.

Staff members also reported that incorporating activities changed their experience of providing care. An emergency department nurse detailed, "This project changes our relationship with our patients for the better. [Our patients] are not frightened to tell us that they're lonely or scared or anxious, because they know we'll meet those needs too."

Progress

The SJHS Therapeutic Activity Kits reduces feelings of helplessness and frustration in the patient and caregiver. Each use of this project is a Watson "caring moment," where the caregiver and patient choose "how to be in the moment and in the relationship" (Watson, 2007). Future steps will be to explore the link between this project and delirium outcomes.

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