

Water - Works

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In Memory of Muriel "Moo" Whicker

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Introduction

Research shows that Aquatic therapy has potential benefits for people with Neurological disorders, Parkinson's and Post Stroke. Exercise has been shown to improve physical functioning in elders with Alzheimer's disease living in the community, and to slow the rate of decline in ADL performance in long term care residents with dementia. Benefits such as improving balance, ambulation in water, mental adjustment, postural control may possibly enhance the cognitive and motor skills of people with dementia. It has also led to a need to further investigate the potential of Aquatic Therapy to improve the quality of life of people with Dementia.

(Kent W Myers MD pg. 2 2013)

The program started with a resident telling me she used to do synchronized swimming. She was very emotional and wished she could go swimming again.

After developing a plan, I was able to do this with a successful outcome. I was able to identify the need to continue taking her and to also include other residents who would like to participate.

Sadly, Muriel passed away a few months ago but the program continues. Currently we have three regular participants. I have two residents about to start next week and I am having discussions with swimming pool manager for them to purchase a full sling lifter. This would allow the program to include residents who are not able to weight bear adequately to get into the pool.

This award application, "Water-Works" will describe the planning, implementation and evaluation of this pilot diversional and recreational program at my place of employment, St Louis Nursing Home in South Australia. It will describe the potential and documented benefits for all participants. Importantly with a program such as this, it will indicate strategies for managing safety issues, so that resident's autonomy and dignity of risk are upheld.

This application will conclude with summarizing the results of the pilot program and future plans for future participation. .

Planning and Implementation

Approval from management was given to commence aquatic therapy with Muriel with the assistance of the physiotherapist and an allied health assistant. My concern here was that budget restrictions would not allow the extra staff. It was approved, and I was able to continue to the next step.

I was then able to speak with Muriel's family. They were thrilled with the idea and very supportive. She would also need "suitable" swimwear for an 84 year old woman, which they were able to organise. I also put together a swim bag which contained sunscreen, towels, goggles, swim cap, nose plug and a water bottle.

Incontinence and dignity issues were addressed with the purchase of vinyl pull up pants which are worn over the pull up continence pad to prevent any leakage. They were not overly expensive and are reusable. Besides not being allowed in the water without them it was more importantly also necessary for her dignity.

A risk assessment was able to identify specific issues to minimise or eliminate them.

For example –

Risk – Contraction of water borne illness for example; Cryptosporidium (Crypto), a parasite that causes diarrhoea and is spread from an infected person through faeces and can make other people very sick. Crypto is not killed by normal levels of swimming pool disinfection (The South Australian Public Health (general) 2103 pg. 1/3)

Intervention

Use of accredited public pool that complies with South Australian health regulations

Risk - She could slip and fall resulting in injury to her. She was an identified falls risk.

Intervention – Use of her mobility aid and two staff assist.

Risk - Remote chance she could drown.

Intervention – Qualified staff and Muriel not left in the water without staff. Lifeguard on duty at the pool.

Risk – Unsafe mode of transport

Intervention - St Louis has a 12-seater van with wheelchair access. We have two staff trained to drive the van. Van is serviced regularly and kept in good condition. Maintenance requests are used for any necessary repairs.

St Louis has a procedure for emergencies while on outings which is to firstly ring ambulance then the nursing home to inform of the situation. I also carry a first aid kit in the bus and a list of relevant information for paramedics such a date of birth, allergies, blood thinner medications and resuscitation wishes of the person.

I then started researching pools. Muriel was mobile and was able to climb in and out via the pool ladder, but I also wanted somewhere that could accommodate people unable to do so. We trialed 3 pools before deciding on the State Swim at Glen Osmond. There is only an Aqua aerobics class on when we go (one resident has now joined the class) and the rest of the pool we have to ourselves. The Aquatic center was good but limited times for public use and very noisy and crowded, which can be unsettling for people with dementia. The Unley council pool is lovely but outdoor, so is restricted by the weather.

After the first swimming session a new carer started who is also a qualified swimming instructor with 20 years' experience working with people with disabilities before starting aged care.

I was able to create a regular roster for Wendy to take the swimming group with myself.

UNDERPINNING THEORY

As a Lifestyle Coordinator I was looking for a person-centered leisure activity that would also be of interest to several residents regardless of their ages and abilities. I was focusing on enhancing health and wellbeing as well as it being fun and engaging for the participants.

The impact to the residents is widespread some examples

- Health and well being
- A sense of purpose and quality of life
- Evoking memories of past activities the enjoyed and enabling them to experience this again
- Emotional, Sensory and the feelings of freedom
- Independence and decision making
- Building relationships with others in the program and those assisting them for example, St Louis staff and Swimming pool staff

The residents are completely engaged while in the pool and their mood and state of relaxation significantly heightened for some time after.

When we are engaged in what we are doing we experience a state of “flow” (Csikzentmihalyi, 2008).

Aquatic Therapy and Alzheimer’s Disease

Aquatic Therapy (AT) has been used for decades to provide physical therapy for patients with lower extremity deformities. Recently investigators also have shown potential benefits for patients with neurological conditions such as balance disorders, Parkinson’s disease, and post stroke effects.

The case study in the report documents a patient with severe Alzheimer’s Disease who responded well to Halliwick-concept AT and both subjective and objective evidence is presented to document his improvement. The case suggests a need to further investigate the potential of AT to improve the quality of life of patients with dementia.

(Kent W Myers MD, Dina Capek, RN, Holly Shill MD, Marwan Sabbagh MD)

Flourishing through Leisure: An Ecological Extension of the Leisure and Well-Being Model in Therapeutic Recreation Strengths-Based Practice

Therapeutic recreation is the purposeful and careful facilitation of quality leisure experiences and the development of personal and environmental strengths, which led to a greater wellbeing for people who due to challenges they may experience in relation to illness, disability, or other life circumstances, need individualised assistance to achieve their goals and dreams.

(Anderson & Heyne 2012)

Purposeful facilitation

The leisure experiences and strengths that will be enhanced are chosen through the diligent application of individualised assessment and are oriented toward the goals, dreams and aspirations of the participant.

Careful facilitation

The therapeutic recreation therapist plan uses an individualised plan, created with the participant, and well-developed facilitation skills in all aspects of service delivery, tailored to the unique situation of each individual.

Quality leisure experiences

Participants find meaning enjoyment and growth in their leisure pursuits, often by using their strengths to exercise skill in concert with stimulating challenges and other opportunities.

Personal strengths and environmental resources

Therapeutic recreation specialists focus on those things the participants do well, that have meaning for them, and that give them hope as well as participants contexts and the strengths and resources in environments.

DEFICITS APPROACH MEDICAL MODEL OF DISABILITY	STRENGTHS APPROACH SOCIAL MODEL OF DISABILITY
Focus is on the persons disability	Focus is on the persons goals, aspirations, strengths and experiences
A person's life is defined by a label or diagnosis	A persons life is defined by his or her experiences, strengths and abilities
Disability is a problem	Disability is a natural variation in the human condition
The person not society has a problem that needs to be repaired	Society must change to be more accessible, inclusive and respectful of the person with a disability
The disability belongs to the person	The disability is a function of interaction between the person and the environment
The professional is the expert about the person and his or her disability	The person is the expert in his or her own life
The ultimate solution is to find a cure for the person or help the person with a disability to be "normal"	The ultimate solution is to help the person reduce the social and physical barriers he or she must negotiate each day
Treat the individual	Restructure society

(Anderson and Heyne Vol.XLVI, No. 2 pp 129-152 2012)

Evaluation

As a pilot program it was decided that current organisation processes for evaluation would be used. This included, observation, documentation in clinical notes by the physiotherapist and lifestyle staff, feedback documents (Happy Face Scale and we value your opinion form) reviews, photographic evidence and verbal feedback from the residents, relatives and staff.

Muriel:

Muriel had osteoarthritis and walked with a frame with a typical shuffling Parkinson's like gait. In the water Muriel was not only able to walk but also to swim independently. On her return to the nursing home she was excited and would tell everyone she had been swimming. Jen M – Physiotherapist

Before water work – very depressed, Slow, stiff movements. No confidence in herself

After water work – Relaxed, she was happy and talked fondly of her childhood. Her movement was more fluid and picked up speed in her walking. Wendy E – swim instructor

Ross:

Ross: 90 yrs Long term resident post cerebrovascular accident. Wheelchair bound, dense hemiplegia. Desperate to walk but unable to do more than stand at a rail with two people to assist him. In the pool, Ross was able to achieve his dream of walking. Ross is on anti-depressant – anecdotal evidence shows that Ross's mood is significantly happier for the rest of the day and for following days he has been observed recounting his swimming experience to visitors and staff with reference to walking in the water. – Jen M Physiotherapist

Before water work –Stand transfer unable to walk unassisted. Little movement through left side.

After water work – Able to walk through the water with very little assistance. Able to use both arms and legs to swim giving him confidence and a sense of freedom Wendy E – swim instructor

Sue:

73 yrs: early onset, rapid dementia. Nonverbal, mask like facial expression, increased tone with trunk rigidity, unable to maintain midline, two-person assist to walk. Sues whole persona changed in the water. Physically her rigidity lessened, and she floated unaided. More remarkable was her facial transformation and vocalisation. Sue smiled and giggled as she splashed.

Jen M – Physiotherapist

Before water work – very stiff and hard to move – difficult to dress. Rarely “present”. No communication.

After water work – Relaxed walking on her own through the water and swimming/floating with little assistance. She tries to communicate while in the water. Often very giggly and “present” during and after swimming. Easy to move and dress after. Wendy E – swim instructor

Tess: 67 yrs early onset dementia with insight into her word finding difficulties, poor concentration and short-term memory loss. Tess came alive in the pool, initiating conversation with other pool users and remembering water aerobics sequences from week to week. Jen M – Physiotherapist

Before water work – Unable to find words. Shy with people. Finds it hard to understand what is being said to her and follow instructions

Water- Works – by Anne Wicks

After water work – Very confident in her speech, words are easier for her and her sentences flow. Memories come back and she enjoys talking about them – Wendy E – swim instructor

A tool we already use in the nursing home is the Abbey Pain Scale. I have modified this to evaluate how residents feel before and after swimming. This method can be used on all residents whether they can verbalise their feelings or not. It is also simple making it easy for anybody filling in for me to use.

Happy Face Scale

Score of 0 to 5

Individual reviews of each resident are done 6 monthly and documented in their clinical notes. I have a separate folder kept in my office containing relevant information to each resident participating in the program

COMMENTS AND ACKNOWLEDGEMENTS

Relatives

I believe that in the water mum felt free again and not constrained by the physical reality of her age.

She smiled every time she talked of swimming and in her mind she was in the pool as she relived her most recent experience.

Scott W

While at St Louis, whenever Muriel was going swimming (and even when she wasn't) she would get what I can only describe as a beatific look on her face, smile up at me and say "I am going swimming" – she clearly loved it. There wasn't anything else she looked forward to more than the prospect of swimming. After the first foray into the pool she gave me a demonstration of the actions required to swim – "I kicked my legs like this" and "I moved my arms like this – I was in heaven".

Muriel was a member of the South Australian Water Ballet Company back in the day, and used to take part in what I think was the bridge to weir swim in the Torrens – unimaginable now!!

I couldn't think of anything more positive than a regular swimming program. Most people have swum at some time in their lives, and some of the actions in water come without a great deal of thought. The participants are buoyant and with this comes a certain amount of freedom which is perhaps not available to them every day anymore – liberation!!

Diane W

I know that Mum was thrilled at the prospect of going swimming again when the prospect of going was first raised with her, and always asked when it was going to happen etc. For me it was really amusing to be looking for suitable swimming gear for an 84-year-old mother and being able to come up with something groovier than she had ever owned for swimming i.e. the patterned rash jacket and cycling shorts.

I guess swimming for Muriel could be aligned with mental and physical changes specific activities evoke in others with dementia eg with dancing or music of their era. Feelings and memories of past years are returned when reintroduced to these activities. Once Mum started going to the pool, she wouldn't stop talking about going to the pool and asking when she could go again! Returning to swimming at that age and stage brought her the most joy she had been able to express in years.

And having read my sister's representation of swimming for Muriel, and been forced to think about it myself, I must thank you for going that 'extra lap' (a deliberate bad pun!) in putting the effort in to initiating swimming for Muriel, and enabling her to relive those positive experiences again, and so late in a life which gave her little or no joy - until her return to swimming! I know it took a lot of effort re the number of people needed to support this initiative, but it certainly brought happiness back into Muriel's life - as indicated by the comments from each of Muriel's offspring's! :-)

Sue W

I think it has been well documented that swimming/water therapy is on the top of proven aids .Ross has always loved swimming; he was at 12 years old a schoolboy champion from Port Pirie. In the water Ross feels free! He can walk and enjoy that feeling of freedom from the wheelchair bound life he has led for the last eight years. Every part of the body is used as it moves in the water; this is not possible with any other form of exercise. Also, it is just plain fun, time to laugh and splash about.

Pam D

Mum loves her swimming and aquarobics sessions, or "going in the water" as she calls it. I spoke to her after her first session, "Oh", she said "it was wonderful!". The next week, she said "you should come too!"

So I accepted her invite and came along to her swimming session. Mum looked so joyous in the water! She entered the water and just took off, paddling around on her own while waiting for the instruction to start. Mum has memory problems, and usually doesn't remember events after a day or two. But "going in the water" has really resonated with her, she firmly knows and remembers that it's something she does and really enjoys. She calls either me or her other daughter after every swimming session to tell us how lovely it was, and on any given day she's able to remember and talk about the times she's been swimming. This extends to her remembering and recognising her swimming carer Wendy - her recall of Wendy is much better than for many other people. It was such a delight to see her with such a big smile on her face.

Anna V

Staff

As the Care Manager at St Louis it has been a pleasure to be involved in the first swimming session with Muriel. It was a delight to see her so engaged and relaxed in the water. I have personally found it fascinating to watch this pilot program grow and develop to include more residents and the positive outcomes with all participants. A wonderful initiative!

Melissa W – Care Manager

While hydrotherapy is often used with orthopaedic and neurological clients. It is seldom offered to residents living in nursing homes. St Louis Nursing Home is breaking new ground providing hydrotherapy to high level care aged residents. As a physiotherapist I am familiar with the use of hydrotherapy or gentle controlled movement in warm water. It has multiple benefits. Pain relief, increased flexibility, minimising pressure through joints, increased balance and endorphin release to enhance mood.

Jen M, Physiotherapist

I am an Austswim qualified instructor and assessor. I spent 14 years working with people in the water who had physical and mental limitations. Being in the water with the residents, I am able to see and feel the differences in them after a very short time. The difference "water works" has made to the quality of life for these people is significant and the effects lasting for a while after the sessions. .The difference in communication, memory and confidence helps in their everyday lives. It is an honour and privilege to be able to be part of this program.

Wendy E – swim instructor

Fabulous idea, the difference it makes to the residents. It's like they are more alive and have re-found their youth and freedom in the water.

June H - ancillary

Facebook

They all look like they are having a great time.

Wonderful - What a thoughtful thing to do Just fabulous – love it

Woohoo go Muriel. Loving the person-centered care at St Louis. Keep up the good work

IMPACT ON ORGANISATION AND PROFESSIONAL DEVELOPMENT

The Water-Works Swimming program has created a lot of positive interest. It showcases St Louis initiative to assist residents to have opportunities and quality of life. When we at the pool members of the community approach me to ask which nursing home we are from and give our residents compliments and encouragement. When potential clients have a tour of St Louis they are always impressed by the initiative and many times we have been told that they haven't heard of anywhere else that has this in place.

It has proven to be very challenging for me, but I have gained knowledge and am inspired to continue with new projects.

Water Works has improved my work practices and given me a deeper understanding of dignity of risk and the positive impact of supporting a person's autonomy.

Engaging with the new aged care standards for example

Standard 1 - Consumer dignity and choice

Consumer outcome

1 (1) I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

Organisation statement

1 (b) supports consumers to exercise choice and independence

1 (3) (d) Each consumer is supported to take risks to enable them to live the best life they can.

Standard 4. Services and supports for daily living

Consumer outcome

4 (1) I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

Organisation statement

4 (2) The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

Requirements

4 (3) The organisation demonstrates the following:

4 (3) (a) Each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life.

4 (3) (b) Services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being.

4 (3) (c) Services and supports for daily living assist each consumer to:

- (i) participate in their community within and outside the organisation's service environment; and
- (ii) have social and personal relationships; and
- (iii) do the things of interest to them;

4 (3) (g) Where equipment is provided, it is safe, suitable, clean and well maintained.

CONCLUSION - THRIVING ON CHANGE

The positive outcome of the pilot program has been incredible. Benefits to the resident's wellbeing are evident and more residents are joining the program. I am working with St Louis home care coordinator to include community clients. I am also liaising with the pool manager regarding their possible purchase of a full sling lifter, which would mean more of our residents would have the opportunity to participate.

The change starts small and though this pilot program has involved a small sample of 4 residents, the community relationships and team cohesion that has been forged will build a foundation for more participation in the future and more robust plans for evaluation.

I have experienced barriers, fears and challenges to effect change for the residents and myself as a Lifestyle Coordinator

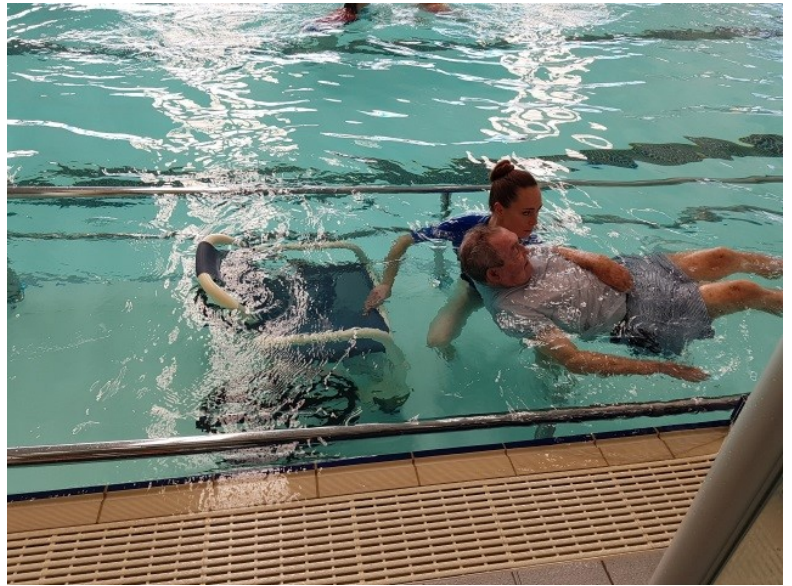
HAPPY SNAPS OF THE WATER WORKS PROGRAM



Muriel – In the pool she was relaxed and happy



Water- Works – by Anne Wicks



In the water Ross has the feeling of freedom



Water- Works – by Anne Wicks



In the water Sue moves freely and her whole persona changes

Water- Works – by Anne Wicks



Tess was drawn to the Aqua Aerobic class, she is recognizing people at the pool and has made a friend in the class

REFERENCES

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Aged Care Quality Standards

<https://www.agedcarequality.gov.au/resources/aged-care-quality-standards>

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