

Cohort comparison of self-reported
outcomes for users of RITA
(Reminiscence Interactive Therapeutic
Activities) – does consistent use
increase the benefits?

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Abstract

This paper summarises further work around the self-reported findings of 153 community settings that have implemented the use of RITA with their client group. RITA has already been reported to have significantly improved clients' mental health and there was also reported improvements in a significant proportion of settings with regard to falls management, admissions avoidance and nutrition and hydration. However, on further examination of the data there appeared to be a disparity in the reported outcomes between groups who used RITA consistently on a daily basis or more frequently, and those who used RITA less frequently than daily. The paper examines this difference in the reported results obtained from the implementation of RITA when comparing the two aforementioned groups and their self-reported outcomes.

Background

RITA is an interactive technology produced by My improvement Network for the use of settings which care for people with dementia and related cognitive impairments. RITA has been shown to improve mental health, reduce the distressing effects of cognitive impairment, and also reported to have many ancillary benefits such as reducing the need for supportive observations, increasing the dependency of clients that care settings can accept, and reducing falls risk and the need for PRN medication in some cases.

Data Collection

Data was collected post implementation of RITA via the electronic survey system. Settings had an individual log in and were each presented with same set of questions. Each setting provided responses to the questions without external support from the clinical management team. Data has been collated to summarise the perceived improvements experienced by teams which have implemented RITA in their clinical services. Data from 153 responses from 179 sites (85% response rate) forms the basis of the body of this paper. The paper further subdivides the data into those groups who used RITA daily or more frequently and those less than daily and compares these cohorts and their reported outcomes.

Self-reported outcomes for the use of RITA have been summarised in previous papers which highlight multiple benefits from the use of RITA. 153 settings summarised the improvements from the use of RITA across multiple categories in a previous paper.

Across settings that implemented RITA, their experience suggested that:

- Approximately 1 in 3 (32%) are likely to experience reductions in falls occurring in their settings.
- Over half (56%) are likely to experience improvement in overall falls management in their setting.
- Nearly two thirds (62%) are likely to experience improvement in challenging behaviours.
- Just over 8 out of 9 of homes (91%) (n=129, 142 responses) of homes reported improvement in mental health and wellbeing.
- Just over four in ten (43%) of homes are likely to experience improvements in the requirement for 1 to 1 supportive observations.
- Nearly two thirds (62%) of settings are likely to experience effective or extremely effective engagement in group work using RITA. Nine out of ten (90%) are likely to experience some improvement in engagement in comparison with involvement prior to introducing RITA.
- Nearly a third (30%) are likely to experience improved nutrition and hydration with their residents when using RITA

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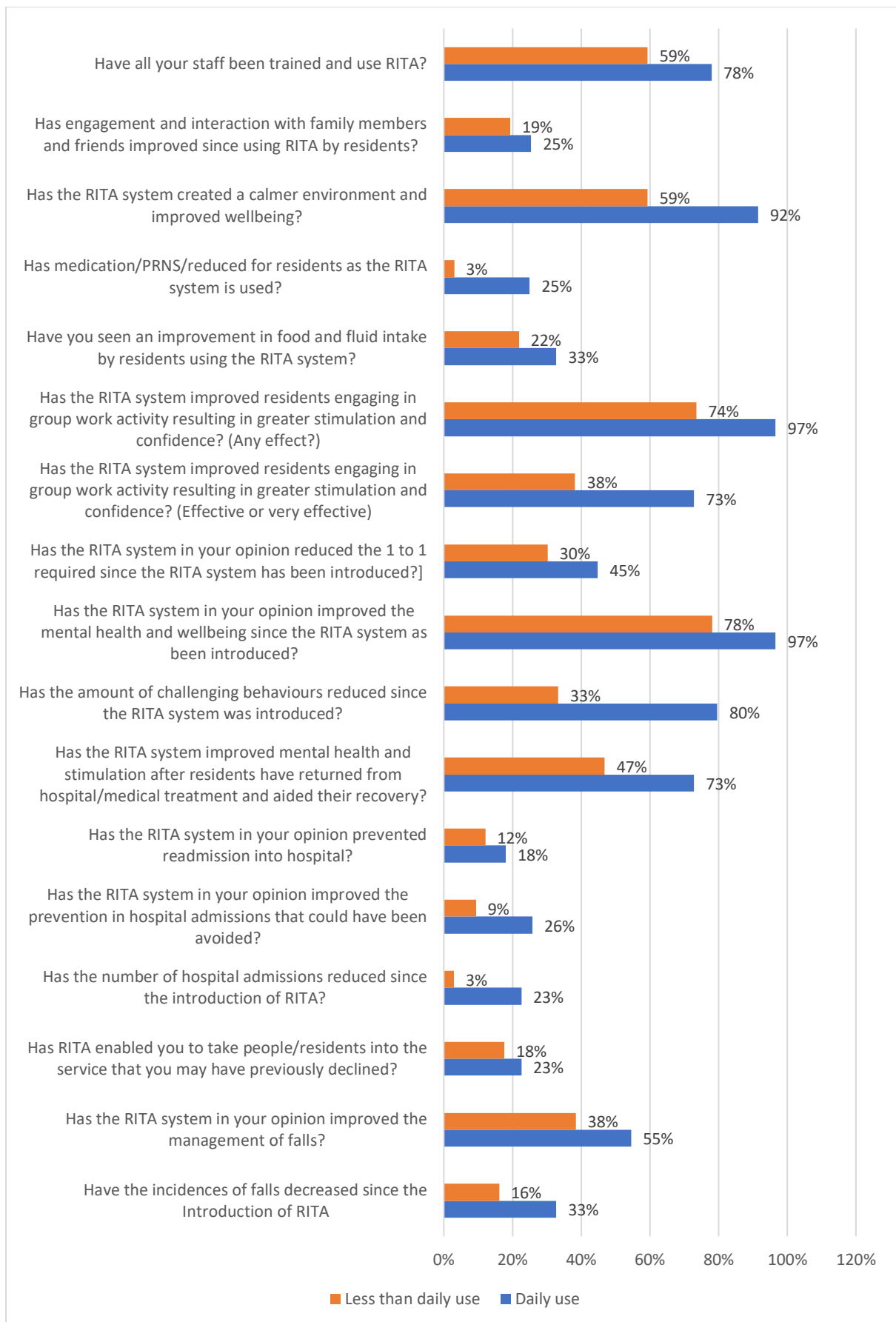
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- Nearly one in 5 (19%) are likely to experience reductions in PRN medication use as a result of using RITA.
- Over four out of five settings (83%) are likely to experience a calmer environment and improved wellbeing after the introduction of RITA.
- Nearly a quarter (23%) of settings are likely to experience improved engagement with family and friends using RITA.

Results

Anecdotally it was believed that settings that used RITA more frequently observed more benefit from its use so it was decided to use an existing cohort of self-reported outcomes from RITA to test this hypothesis. Cohorts were divided into those which had self-reported that they had used RITA daily or more than daily (n=101) and those that had self-reported that they had used RITA daily or less (n=52).

The chart below visually demonstrates the differentiation in outcomes between those settings that use RITA daily or more frequently, and those who use RITA less than daily.



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Falls

With regard to falls reduction, across all settings the number who self-reported a reduction in the number of falls was 44 out of 137 settings or 32%. In the cohort that reported that they were using RITA daily or more frequently, this benefit was self-reported in 33% of settings, but in settings where RITA was being used less than daily, only 16% reported this benefit to patients, a 51% reduction.

Across all settings, over half (56% - 63/112 settings) reported an improvement in the management of falls. When settings used RITA daily or more than daily, reported improvements were in 55% of cases, which dropped to only 38% of settings reporting benefit if used less than daily, a 29% reduction in benefit.

With falls it appeared that daily or more than daily use was needed to elicit the most benefit from RITA. Less than daily use reduced the likelihood of preventing falls by 51% and the likelihood of improving falls management by 29%.

Dependency and hospital admissions

Frequency of use definitely appeared to have a positive effect on settings being able to take more dependent patients with an increase from a baseline of 18% of settings (26/148 settings) reporting being able to take clients they had previously declined. This improved to 23% if RITA was used daily or more than daily but remained at 18% if used less than daily.

Similarly, hospital admissions appear to have been similarly positively influenced. 16% of settings reported an improvement in the number of hospital admissions when using RITA. This improved to 23% when RITA was used daily or more, but dramatically dropped to only 3% if used less than daily.

Hospital admissions for avoidable causes of all sorts were also positively influenced it would appear by increased use of RITA. 19% of settings reported an improvement in the number of avoidable admissions when using RITA. This improved to 26% with daily or more than daily use, but down to 9% if used less than daily. A similar relationship was found with preventing readmission after returning to the care setting. 14% reported that RITA prevented readmission to hospital. This went up to 18% with daily or more than daily use, but down to 12% with less than daily use.

Mental Health

Returning from hospital is often a disorientating experience. The use of RITA in 85% of settings (120/142) reported improvement in the mental health of patients after discharge from hospital. If used daily or more than daily, this improved to 89% benefitting in this way, but this dropped to 75% if the device was used less than daily.

Challenging behaviour is a common presentation with people with dementia and cognitive issues. 62% of settings (89/143) settings reported improvements in challenging behaviour with the use of RITA. When comparing the cohorts between those who used RITA daily or more frequently and those who used it less than daily, the difference is stark. 76% of areas using RITA daily or more frequently reported improvement in challenging behaviour, whereas where RITA was used less than daily, only 36% of settings reported improvements in challenging behaviour.

Similarly, 91% of settings (129/142) reported improvement in the health and wellbeing of users of RITA. This increased to 97% when used daily or more frequently but dropped to 79% when used daily or less.

1 to 1 observations were reported as reduced in 43% of all settings, 45% of settings found this to be true if they used RITA daily or more frequently, but this dropped to 30% in settings using RITA less

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than daily. Engagement in group work rated as very effective or extremely effective was reported as 62% across all settings, which improved to 73% with daily use but reduced to 38% with less than daily use. Any effect in improving engagement was reported in 90% of all settings, but again this improved to a reported 97% in settings using RITA daily or more often, and down to 74% in settings where RITA was being used less than daily.

Nutrition and hydration was reported as improved in 30% of all settings, improving modestly to 33% in settings which used RITA daily or more often and reduced to 22% in settings using RITA less than daily. 19% of all settings reported reduced PRN medication use with the introduction of RITA, which improved in the group using RITA daily or more often with 25% reporting less PRN medication use. Dramatically this dropped to just 3% of settings which used RITA less than daily.

23% of all settings reported that RITA had contributed to increased engagement between clients and friends and family, slightly improving to a reported 25% in settings using RITA daily or more often but dropping to 19% when used less than daily

Table One summarises the improvement or deterioration of results in each cohort in comparison to the aggregated self-reported outcomes.

	Aggregate result all settings	Daily or more frequently	Less than daily use
Reduction in reported falls	32%	33%	16%
Improvement in falls management	56%	55%	38%
Accepting more dependent patients	18%	23%	18%
Reducing hospital admissions	19%	26%	9%
Preventing readmissions	14%	18%	12%
Mental health after readmission from hospital	85%	89%	75%
Reducing challenging behaviour	62%	76%	36%
Improvement in health and wellbeing of users	91%	97%	79%
Need for 1 to 1 observations.	43%	45%	30%
Very effective at improving group work engagement	62%	73%	38%
Any effect at improving group work engagement	90%	97%	74%
Improved nutrition and hydration	30%	33%	22%
Reduced need for PRN medication	19%	25%	3%
Engagement with friends and family	23%	25%	19%

Limitations of the report

Limitations of this report include that the report was based on self-reported qualitative outcomes. This has not been corroborated by quantitative data collected contemporaneously to substantiate those outcomes that the settings reported were achieved.

Secondly one can also argue that those areas that are disinterested in the use of RITA daily are also disinterested in how much of an improvement RITA might have in the outcomes of patients. This however would not explain the consistent finding across all of the reported outcomes that support the frequent use of RITA to maximise the potential outcomes from its use.

Recommendations

The evidence from comparing the self-reported outcomes from cohorts of settings which used RITA either daily or more frequently, or less than daily, is quite revealing. With one exception, all of the outcomes reported with RITA deteriorate if the resource is not used daily.

For settings using RITA, the results should encourage those settings that have the best interests at heart of their clients or patients that they ensure that RITA is used daily or more than daily to get the most benefit out of its use.

For organisations which have invested in RITA, these results should encourage them to ensure that the areas that they have invested in can demonstrate that they have elicited the most benefit from the devices by ensuring that they are used consistently and with the purpose of improving the outcomes of their patients.