

- 1 **Navigating Activities Now**
Getting OUT of the BOX!
- 2 **Alisa Tagg, BA ACC/EDU CADDCT CDP CDCS
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OBJECTIVES:
 - Recognize Activity Classifications and the Areas of Wellness
 - Apply the Classifications to out of the box creativity
 - Develop Quality Programs and Services for individualized care
 - Devise Documentation Best Practices
 - Evaluate Self-Reflective Practice in Cultural Change
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- 3 **Activity Programming**
- 4 **Say what?**
 - Do you feel like you are stuck in a box, and there is nothing you can do to get out of it?
- 5 **How to get out of the Box?**
 - Moving out of the box requires creative thinking and organizing.
 - Creative thinking means moving past the norm and expectations.
 - Program Planning out of the square requires preparation.
- 6 **How to get out of the Box?**
- 7 **Five Areas of Wellness**
 - Intellectual
 - Social
 - Physical
 - Emotional
 - Spiritual
- 8 **Culture in Long-Term Care**
 - The culture within long-term care is referred to as a total institution where all aspects of daily life are conducted within one place with no access to the world outside.
 - Long-term care facilities have also been described as closed

environments, limiting residents' opportunity for choice and control in their lives as well as their involvement in decision making about care, resulting in the disintegration of ties to the community and the connect to one's past life.

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11 **Domains of Wellness**

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- Security
- Autonomy
- Growth
- Connectedness
- Identity
- Joy
- Meaning

2

- F679 To ensure that facilities implement an *ongoing resident centered* activities program that incorporates the resident's interests, hobbies, and cultural preferences which is integral to maintaining and/or improving a resident's physical, mental, and psychosocial well-being and independence. To create opportunities for meaningful life by supporting his/her domains of wellness.

12 **Domain of Wellness**

- Security
 - Freedom from doubt
 - Freedom from anxiety/fear
- Safety
- Privacy
- Dignity
- Respect

13 **Domain of Wellness**

- Autonomy
 - Liberty
 - Self-determination
 - Choice

- Freedom
- 14 **Domain of Wellness**
- Growth
 - Development
 - Enrichment
 - Expanding
 - Evolving
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- 15 **Domain of Wellness**
- Connectedness
 - Belonging
 - Engaged
 - Involved
 - Connected to time, place, and nature
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- 16 **Domain of Wellness**
- Identity
 - Being well-known
 - Having personhood
 - Individuality
 - Having a history
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- 17 **Domain of Wellness**
- Joy
 - Happiness
 - Pleasure
 - Delight
 - Contentment
 - Enjoyment
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- 18 **Domain of Wellness**
- Meaning

- Significance
- Heart
- Hope
- Value
- Purpose
- Sacredness

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“Well-being is a much larger idea than either quality of life or customer satisfaction. It is based on a holistic understanding of human needs and capacities. Well-being is elusive, highly subjective, and the most valuable of all human possessions.”

– Dr. Bill Thomas, *What Are Old People For*

20 **F675 – Quality of Life**

- Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive, and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment.

21 **F675 - Intent**

- The intent of this requirement is to specify the facility’s responsibility to create and sustain an environment that humanizes and individualizes each resident’s quality of life by:
 - Ensuring all staff across all shifts and departments, understand the principles of quality of life, and honor and support those principles for each resident; and
 - Ensuring that the care and services provided are person-centered, and honor and support each resident’s preferences, choices, values and beliefs.

22 **Person-Centered Care**23 **F679 - Definitions**

- “Activities” refer to to any endeavor, other than routine ADLs, in

which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.

24 **F679 - Guidance**

- Research findings and the observations of positive resident outcomes confirm that activities are an integral component of resident's lives. Residents have indicated that daily life and involvement should be meaningful. Activities are meaningful when they reflect a person's interests and lifestyle, are enjoyable to the person to feel useful, and provide a sense of belonging. Maintaining contact and interaction with the community is an important aspect of a person's well-being and facilitates feelings of connectedness and self-esteem. Involvement in community includes interactions such as assisting the resident to maintain his/her ability to independently shop, attend community theater, local concerts, library, and participate in community groups.

25 **F679 - Guidance**

- Residents, staff, and families should interact in ways that reflect daily life, instead of in formal activities programs.
- Residents may be more involved in the ongoing activities in the living area, such as care-planned approaches including chores, preparing foods, meeting with other residents to choose spontaneous activities, and leading an activity.
- Instead of traditional calendar, focus on community life.
- Instead of Activities Director, Community Life Coordinator

26 **5 Simple Questions**

- What do you enjoy? (past and present leisure interests)
- What about that do you enjoy? (characteristics of pursuits that you enjoy)
- Recently, what has brought enjoyment or happiness to your day? (current leisure status)
- What is stopping you from enjoying _____ (or some of those activities)? (barriers)
- Is there something that you have always wanted to do? (dreams)

27 **Focus on the Resident**

- Be truly present with individuals by listening, accepting, and empathizing with their reality.
- Use understandable language that is familiar to individual.
- Ensure the individual understands the purpose of your questions and actions.
- Contribute personal experience and ideas to the exchange of information.
- Eliminate assessment tools in the first exchange and focus on individual's current leisure interests.
- Provide real and meaningful opportunities for choice.

28 **NAAP's Activity Classifications**

Supportive activities

Maintenance activities

Empowerment activities

29 **Supportive Activities**

- Promote a comfortable environment while providing stimulation or solace to clients/residents who cannot benefit from maintenance or empowerment activities. These programs are geared to residents with mental and physical limiting conditions who have a low tolerance for formal group situations.
 - Meaningful Connection
 - Musically Motivating
 - Seasonally Appropriate
 - Culturally Sensitive
 - Sensory Calming

30 **Maintenance Activities**

- Provide a resident with a schedule of events that promotes the maintenance of physical, cognitive, social, spiritual, and emotional health.
 - Book Club
 - Movie Club
 - Games

- Exercise
- Hobbies
- Gardening

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31 **Empowerment Activities**

- Advocates self-respect by providing opportunities for self-expression, choice, along with social and personal responsibility.
 - Resident Council
 - Continuing Education
 - Art Classes
 - Field Trips & Excursions
 - Live Music
 - Cooking Groups

32 **Five Areas of Wellness**

- Intellectual
- Social
- Physical
- Emotional
- Spiritual

33 **Culture Change**

34 **Culture Change Core Elements**

35 **Intellectual**

- Travel
- Working in the local community
- College courses
- Lifelong learning
- Oral history projects
- Indexing
- Library

36 **Social**

- Delivering Mail

- Social clubs
- Social networks
- Concerts
- Outings into town
- Groups between communities
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37 **Physical**

- Dance
- Kneading Bread
- Hammering
- Punching Bag
- Stretch Bands
- Lifting Weights
- Aerobics

38 **Emotional**

- Sorting buttons
- Folding laundry
- Reading recipes
- Intergenerational
- Cultural diversity
- Trauma Informed Care
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39 **Spiritual**

- Church services
- Nature
- Meditation
- Lifelong roles
- How to be the Perfect Stranger
- Family History
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40 **Documentation Practices**

41 **Documentation – Capturing the NOW**

- 1 Care Plan
- 2 ■ Temporary Plan in Place
 - Applicable
 - Quarantine
 - Infection Control
 -
- 3 How to Address Changes

42 **FOCUS:**

Current focus of activity programming is restricted due to COVID-19 and group activity restrictions.

- 1 ■ Staff will provide support and encouragement through daily individual visits. Discussion starters that work well with Jane include: history, cats (she had a cat named Otis), family, and current events.
 - Staff will provide independent leisure supplies for in-room use. Jane enjoys reading historical fiction, Better Homes and Gardens magazine, and word puzzles.
 - Staff will properly discard or sanitize supplies according to facility infection control policy.
 - Staff will encourage and assist with window and virtual family visits as applicable.
 - Staff will encourage participation in programs of preference that have been adapted to new service delivery formats, preferred programs include: bingo, fitness, daily devotion, doorway social, trivia, and word games.

2 GOAL:

Jane will participate in modified programs of choice and will engage with staff individually daily over the next review period.

43 **FOCUS:**

Current focus of activity programming is restricted due to COVID-19 and group activity restrictions. John prefers independent leisure pursuits and has since his admission.

- 1 ■ Staff will provide support and encouragement through daily individual visits. Discussion starters that work well with John include: military service, travel stories, airplanes, and current events.
 - Staff will provide independent leisure supplies for in-room use. John enjoys having the newspaper daily, weather updates, and crossword

puzzles.

- Staff will properly discard or sanitize supplies according to facility infection control policy.
- Staff will encourage and assist with window and virtual family visits as applicable.

2 GOAL:

John will accept individual visits as well as independent program suggestions due to temporary restrictions related to COVID-19 daily over the next review period.

44 FOCUS:

Current focus of activity programming is restricted due to COVID-19 and group activity restrictions.

- 1 ■ Staff will provide support and encouragement through daily individual visits. Discussion starters that work well with Jane include: history, cats (she had a cat named Otis), family, and current events.
- Staff will provide independent leisure supplies for in-room use. Jane enjoys reading historical fiction, Better Homes and Gardens magazine, and word puzzles.
- Staff will properly discard or sanitize supplies according to facility infection control policy.
- Staff will encourage and assist with window and virtual family visits as applicable.
- Staff will encourage participation in programs of preference that have been adapted to new service delivery formats, preferred programs include: bingo, fitness, daily devotion, doorway social, trivia, and word games.
- 1/16/21 – Jane is currently in quarantine, activity staff will be providing a room packet to the nursing staff to distribute daily. Activity staff will call her via phone in her room for daily visits.

2 GOAL:

Jane will participate in modified programs of choice and will engage with staff individually daily over the next review period.

1/16/21 – Jane is currently in quarantine. Activity staff will be providing a room packet to the nursing staff to distribute daily. Activity staff will call her via phone in her room for daily visits.

OR

45 **Other Care Plan Encounters**

- 1 Quarantine Unit
- 2 ■ Do you need to do a new care plan?
 - How do you address the temporary change?
 - “Due to the current COVID-19 unit closures activity staff are not providing one-on-one visits with residents temporarily. Activity staff are providing room packets to the nursing staff of each unit to distribute daily and on-unit all staff are coordinating and providing virtual and window visits.”
- 3 Behaviors
- 4 ■ Both pre-COVID and current behaviors should be addressed within the individual care plan.
 - New behaviors – address, implement modifications, and document.
 - Training refreshers for activity staff, recommended topics include: Validation, Communication, Engagement

46 **Other Care Plan Encounters**

- 1 Wandering
- 2 ■ Coordinate with nursing staff for walking schedules or as needed.
 - PPE Protocols
 - Diverse environments
- 3 Sensory Needs
- 4 ■ PPE & Infection Control protocols to provide safe sensory stimulation.
 - Continuity through COVID.
 - Environment: room, sensory room, outdoors.

47 **The COVID Activity Temporary Care Plans Also Address:**

- 1 ■ Hospice/End of Life
 - Overly Active
 - Self Directed
 - Small Group
 - Visually Impaired
 - Short/Long Term Stay
 - Combative
 - Impairment
 - Anxiety

- Depression
- Hearing Impairment
- 2 ▪“Staff will assist”
 - “Residents needs will continue to be met”
 - “Staff will provide”

These are all approaches NOT individual resident goals.

48 **Individual Visits vs. Daily Engagement**

- 1 One-on-One
- 2 ▪Purposeful/Meaningful
 - Engagement Focused
 - Descriptive
 - Meets Resident Preferences and Needs
 - Quality Interactions
 - Resident Centered
- 3 Daily Engagement
- 4 ▪Brief “pop-in”
 - Daily Rounds
 - Update on Programs/Invitations
 - Locations not Conducive to Quality Engagement
 - Staff Focused

49 **What should this documentation look like?**

- 1 ▪Visited with Jane this morning, invited her to go outside since the weather is nice. Once we were outside we talked about the weather changing and sat quietly bird watching. Jane was engaging today, enjoyed the visit, and was talkative to and from the patio. 25min – AT
 - Jane was resting in her room this afternoon and wasn’t up to getting into her chair. I sat bedside with Jane and read a devotion to her, we discussed the devotional verse James 2:13. I turned on some gospel music and sat with her while she sang along. Jane was quiet and content today. She thanked me for the visit. 30min - AT
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- 2 Specific and engaging
Resident Response
Activity

Duration of Visit

50 51 52 53 54 55 **Self-Reflective Practice**56 **Reflection Guides Practice**

- What happened today that I reacted well to?
- What happened today that I could have reacted better to?
- What judgements did I make in that situation?
- What have I learned from the experience?
- What could I do to improve the situation next time?

57 **Self-Reflective Practice**

- Reflection in Action
 - Thinking on your feet
 - Looking to our experiences and linking them to our emotions
 - Building new understanding to inform our actions in the situation as it is unfolding.
- Reflection on Action
 - Experienced after the encounter
 - Enables us to explore why we acted as we did
 - What was happening in a situation
 - How our judgements affected the outcome

58 **Reflect on Action**59 **Reflection on Action**60 **Conclusion**

- Leisure is one of the strongest contributors of quality of life for older adults living in long-term care. But, in order to support quality of life, we must be mindful and reflective about the differences between

leisure activities and leisure experiences.

- Activity Professionals have a vital role to play in the momentum and success of getting out the box and enhancing quality of life, for one of the primary characteristics of long-term care is free time. What will become of that time? Will it be filled with diversional activities designed to distract and structured activities (interventions) designed to treat problems, or will it be filled with opportunities for life-enriching leisure experiences? What would you want?

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