Is it about “activities” and activity programs or is it about engagement, which is more important, what’s missing and what’s required?
What does the term “activities” mean to you? Imply? (Ask for ideas.) Perhaps busy work? Have you ever heard or said to yourself, “take him to activities” when a resident is “acting up?” First of all what does it say that we react this way that someone “acts up?” and that someone ELSE should do something about it? Second, how does this scenario make activity and recreational staff feel? Much like babysitters which also is not honoring to them. Think about the word “programming or programs” what does that make you think of? When are those terms used in real life? Although the regulation F248 does require “activity programming,” the concept is not part of normal day life. What is normal? What matters? What do you think of the term and concept of engagement? Have you ever seen a resident “brought to” an activity yet never engaged with? When do people feel connected and as if they matter? Perhaps when they are engaged with? We want to encourage you to think about and start figuring out how to create meaningful engagement, meaningful life, and to continue life experiences more so than the group activities we are all accustomed to.
So what does our typical activity programming look like? (A calendar, planned, commonly the same thing every week on every day of the week, groups get the attention). How much of your life is conducted in group? Some is yes, but not the majority probably. How much of the life in a nursing home is done “in group?”
Have you ever seen people living in nursing homes watching Price is Right? It is quite easy to walk by and not engage especially when it appears people are engaged with the television. But WHAT IF you went up by the TV, made some comment about how much such and such cost, ask if it was cheaper in the elders’ “day” play a little Vanna White with the hand and then walk on? That’s engagement. That’s interacting with people, that’s spicing it up. And how much time did it take would you say? 30 seconds? What if every staff member interacted with every resident for 30 seconds? Would that create life in the home where you work? At least invite staff to do this. On your own you can create this and if you are in a leadership position maybe you can perhaps expect and require this of all your staff. I would.
We don’t ask each other “what activities did you do over the weekend?” Instead we ask what you did or what you’re going to do. What else is more normal? To focus on relationships and friendships is normal, how can you foster that? Food is a normal part of everyone’s life. What can you do to focus on food? (Brainstorm as a group, create a long list.) How about the art of conversation? How are we doing at that these days in America? How is everyone communicating instead of face to face? (texting, emailing, blackberries) What are ways to promote conversation and getting to know one another? Do people run out of things to say to one another when they sit together three times a day? What I would do is utilize the great resources for discussion starters. There are books and cards that look like playing cards with prompting questions. I would post a discussion starter question at the time clock and on a marquee board and invite everyone to get to know one another better. It is in my personality that if I saw you on Friday and didn’t know yet your favorite ice cream or what animal you would choose to be and why I would make sure I found out!
When people plan a baby shower they are no longer residents and staff, they are just people. When staff just sit and eat with residents they are just people eating a meal. What else can you think of that equalizes everyone like planning and hosting a baby shower and enjoying eating together? (community meetings are for staff and residents to connect as people, learning circles afford the opportunity to offer your opinion and all opinions are equal, etc.)
It seems that creativity is missing. There was a female resident of a nursing home who had dementia and would not sit still. Staff worried about her getting the rest she needed but could not persuade her to rest. Staff got creative and put sand in the baby doll she carried. Sure enough the resident would state what a heavy baby she had and that she needed to sit and rest! (Fun if you sort of act this out, huff and puff and find a chair to sit in, etc.) That’s creativity! What is an example of creativity you know of? What is a situation with a resident that you know of that could use some creativity applied? Isn’t this the heart of what we do? Figure things out for and with residents and how to make life better for them.
Without looking at your handout play this little trivia game with me. What word is missing?
(Read and say “the what” at the blank.)
ACTIVITIES

F Tag 248 Activities
The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.

(State whether no one knew or “yes, interests is correct.” Now, interests. Does that make sense? I think so. Activity programming would be, should be based on one’s activity interests, yes. Why do we make a big deal out of it?)
Well, what is the first column of a typical care plan called? (Problem)
Yes, problem. What was activity programming to be based on according to Tag 248? (Interests) Yes, interests. What is the first column always called again? (Problem) Yes, problem. Do we have a problem? (Yep!)
So where did this style of care plan come from then? Anyone know? (Get at least one answer, someone may say it, nursing school). Nursing school. Now that is not a criticism, only the truth. This fits nursing and caring for one’s medical needs, doesn’t it? I have high blood pressure, that is a problem. I have a goal to bring it down and have it stabilized and there are approaches to help make that happen. Carmen Bowman points out that this is NOT regulated, you will not find it in any federal reg and highly doubtful you would find it in any state reg as they typically mimic the federal regs. What happened is that long term care simply adopted this style and most people have come to THINK that it is regulated.
The care plan regulation, tag 279 states there are THREE things we must do. (Read) What are TWO of the three mentioned here? Yes, measurable objectives is one. What do we usually call that? Yes Goal. And the other? Measurable timetables. What is that usually called? “Over the next 90 days” or “by the next care conference” however you state it. Notice there is nothing about having to use problem statements. Go FREE your activity and recreational professionals! They DO NOT have to use problem statements and might rather use...
You could certainly indicate instead INTERESTS and Carmen Bowman recommends also indentifying NEEDS as what does the resident NEED from you to pursue those activity interests. And keep in mind you will now begin to be MORE compliant with the requirement of Tag 248 by care planning this way.
So what many don’t know is that Tag 279 goes on to state…(read). And do we, do you, do that? Carmen Bowman teaches and contends that we DO do this when it comes to medical needs. For instance, if I have a potential for skin breakdown, what is my highest practicable level of well-being regarding my skin? (no skin breakdown) Yes, no skin breakdown, see we do that without thinking about it. But what about the psychosocial part of a person? Carmen teaches that that is where we often fail. And no surveyor surveys for it oddly enough (maybe you’re glad). Carmen tells of several residents who have taught her what highest practicable means. Nora kept busy dusting with her hand everyday. What could we give her to make her motions more purposeful? Yes, a dust cloth. But we could do even better. Guess who came onto the locked secured unit every day? Yep, the housekeeper. Now we could state on Nora’s care plan “I clean with the housekeeper everyday at 10:30.” Now we have an element of supervision so could make the cleaning real with Endust or Windex. The dust cloth alone is better than nothing but really only pacifies her interest whereas real cleaning with the housekeeper makes it real life again and you know Nora’s self esteem is affected.
Is there a person in your care you are struggling with, can’t figure him or her out? Can’t identify what makes him or her “tick?” Carmen Bowman recommends that you actually make a Highest Practicable section on each resident’s care plan for your whole team even with the resident when able and/or the family to chat about and identify the person’s highest practicable level of well-being and are staff assisting him/her to maintain or achieve it? Carmen has written seven workbooks for Action Pact and one called Living Life to the Fullest includes more on highest practicable including a worksheet on how to determine it available at culturechangenow.com.
Take a look at highest practicable in this home. Although it is assisted living, these residents are living in a locked home due to their dementia. The ladies are cutting fruit. Yes cutting fruit. Yes, with a knife. A sharp knife. We tend to jump to broad conclusions don’t we? Because SOMEONE with dementia MIGHT cut themselves we tend to make a broad reaching rule that NO ONE can cut with a knife. Is that right? Is that providing meaningful activity? Is that individualized care? Many people have long term skills intact and most know what to do and not do with a sharp knife and if one shows a misuse of such a thing as a knife we then invite them to do something else. The gentleman on the right is then serving the fruit to others. Meaningful. Engaged. Real life. Highest practicable.
Look at these fabulous pictures of “highest practicable” and living life and engagement and meaningful activity. Gardening and watering flowers, sweeping, he rakes too...
There is a resident sewing...with a sewing machine! And yes there is another resident ironing, with a real iron, with it really plugged in! Isn’t that great! Where is the activity director? (Someone might say “taking the pictures” and I always reply with “Right” and the point would be that she or he or any staff member is close by observing, watching, making sure everything is alright.
(Read question). We find out by asking for certain, learning a person's past interests but one thing Carmen says we tend to forget is to use our expertise, our observation skills to simply observe. Someone may NOT be interested in something they used to do, may be interested in something they have never done and even with dementia and more so with dementia we need to observe a person to learn what is meaningful to them now.
Socials with no socialization. Take for instance the traditional Ice Cream Social – is it a social really, are people chatting and visiting and getting to know one another? Really? Or is it really just eating ice cream around a bunch of other people? If so, Carmen says it should be entitled “Eating Ice Cream” on the activity calendar, not Ice Cream Social. Or better yet, help people get to know each other, introduce people, tell them something they might have in common or not know about each other. We insist people not sit in their rooms alone to eat meals, we claim they need “socialization.” Carmen is starting to ask, who are we to say anyone needs anything? And we know that people run out of things to talk about when they sit next to each other three times a day. We force people to give up their rights to “prevent social isolation” yet we bring them out to a socially isolating situation.

QUESTION: WHAT ACTIVITIES HAVE YOU CREATED “WITH” RESIDENTS TO DO “WITH” RESIDENTS INSTEAD OF “FOR?”
What needs to happen in your opinion to create a full, vibrant daily home life for residents?

(Have groups of at least two discuss this and the next question.)
HOW CAN YOU AFFECT A VIBRANT ENGAGING LIFE FOR THE RESIDENTS IN YOUR CIRCLE OF INFLUENCE?

(Ask for people to volunteer what they think and what they might commit to doing where they work. When we have people state publicly what they will do, it is more likely to happen.)
Carmen Bowman has authored seven workbooks and training DVDs for Action Pact. That company has many culture change resources, their website is culturechangenow.com. This is the workbook that discusses highest practicable. It also has an “assessment” or tool to help you get to know a person’s psychosocial needs, ethnic culture which sometimes plays a big part of who a person is. It also delves into care planning a person’s activity interests which Tag F248 requires, not “problem statements” which is NOT required by regulation but long term professionals think it is. Additionally she developed a Meaningful Activity Assessment but it could also pass as a Becoming Well Known assessment or tool that also incorporates new interpretive guidance from Tag F248 activities, the MDS 3.0 questions and culture change practices. Carmen’s favorite questions are: What are you known for in your community and what are you known for in your family? If they interest you, Carmen has also authored or coauthored the following related resources that may be helpful to you:

- Getting to Know You assessment
- Assessing Psychosocial Needs
- Assessing a person’s ethnic culture
- Assessing highest practicable level of well-being
- Activity programming according to interests, not “problems”

MEANINGFUL ACTIVITY ASSESSMENT includes:
Tag 248 Interpretive Guidance,
MDS 3.0 and culture change practices.
Quality of Life: The Difference between Deficient, Common and Culture Change Practice
**Related Resources**

*Regulatory Support for Culture Change*

How OSA ‘07 Regulations Support Culture Change

Carmen L. Bowman

Purchasing Series™ Culture Change Workbooks


*Regulatory Support and Considerations for Culture Change*
Changing the Culture of Care Planning: A Person-Directed Approach

Covers:
- Regulatory Support
- Individual Care Planning
- I Care Plans
- Narrative Care Plans

Includes:
- Sample IN2L “Visual Care Plan”

Available from Action Pact culturechangenow.com

*Changing the Culture of Care Planning: A Person-Directed Approach* (about I and narrative care planning)
NEW RESOURCE: SOFTEN THE ASSESSMENT PROCESS

- Workbook
- Webinar DVD
- Book for CEOs next
- culturechangenow.com

SOFTEN the Assessment Process workbook and training DVD
NEW RESOURCE

Special Features:
- Written to Residents/Householders
- Scrapbook style
- Learning Circle questions
- Audits for residents and families!
- By C. Bowman and Lavrene Norton published by Action Pact

You Hold the Key to a Vibrant Daily Home Life – written to residents to be published in 2010.

Other companies that sell assessment type resources are
OTHER RELATED RESOURCES AVAILABLE:

- Institute for Caregiver Education – ifce.org
- TR Tips – trtips.com
- Rec Therapy Consultants – rtc.com
CONTACT INFORMATION:

- Arkansas Innovative Performance Program
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