“ACTIVITIES” OR ENGAGEMENT: WHAT’S MISSING AND WHAT’S REQUIRED?

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Blending Innovation & Regulation

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What will Baby Boomers want?
What will younger people want? 15% under 55 in MI
What will people of any age want?

Moving FROM
- Activities
- Activity programming
- Programs
- Do people talk about their “recreation” and “leisure”?
- Life Enhancement/Enrichment?

Moving TOWARD
- Meaningful Engagement, Life/Days
- Real life, Normal life
- Meaning and Purpose
- Continuing Life Experiences
- Community Life

What’s the difference?
Real life/normal life
Institutional life

- Even language: day room, activity room, lobby, common room, refused, socially isolated, directors, dietary, homelike, facility, beds
- Where do “activities” fit?
- Where does engagement fit?

Signature Health Vacations
Quality of Life: The Difference between Deficient, Common & Culture Change Practice

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Includes a section on Dignified Language which is a part of the requirement for Dignity

Here’s what we’ve learned:

www.edu-catering.com

Archived shows:
People First Language
Kathie Snow, Advocate
The Power of Language to Change Culture
Judah Ronch, Phd Linguistics

Monthly culture change web talk show
www.actionpact.com

We can do better

“Will Boomers want this? Does anyone want this?”

John Thompson, Sage at John Knox Village, Florida
Fake life or real life?

What else is fake?
• Near bear
• Decaf coffee
• Silk plants
• Dolls, robotic animals

Carter Catlett Williams

• We belong together not in ghettos of old age or single age culture.

• What is lacking is real life. Real life is not found in programs. Real life is in the give and take of everyday life.

• Beware of confusing programs with real life.

Conversations with Carmen May 15, 2015 actionpact.com

• Rejecting the status quo
• Village Model - dues
• Cohousing
• Cooperatives
• House Sharing
• Affinity Groups (no bingo at the Artists Colony)
• Desire real and "age friendly" not "make believe;" "sterile, artificial"
Engagement/Real Life/meaningful Life

The Chateau Assisted Living Residency, Englewood, CO
LOCKED assisted living for persons with dementia

Engagement/Real Life/meaningful Life

Engagement/Real Life/meaningful Life
Seeing Real Life Engagement

- Life in Household
- What can you replicate?

Perham Living
(Formerly Perham Memorial Home)
- Early Action Pact client

Will people want private rooms or shared?

Staff work area
Meds in rooms/no med carts
Lovely décor, no institutional icons.

Which do we have in our homes, bulletin boards or photo frames?
Going Rummage “Sale-ing”

Washing own clothes

Getting good use of the bus
Welcoming Newcomers
Connecting with the community past, present and future

Turtle Races

Turtle Races
Every Wednesday
At 10:30
June | July | August
Competing with your community’s best – Why not? “The Shock Factor”

Fairacres Greeley, CO
Weller’s Bistro
“The Rest of the Story”
Breakfast Cooked-to-Order as the Plan of Correction

Meaningful Life includes getting OUTSIDE
Care plan it
What woos people outside?
- Garden: plant, weed, harvest, water
- Paint deer and duck targets
- Water balloons
- Camping trips
- Read paper, coffee on the porch
- People watch
- Moveable furniture outside
- Staff meetings
- Grilling
- America’s favorite hobbies:
  - Gardening is #1
  - Birding is #2

Ft. Collins Good Samaritan Village, Ft. Collins, CO

MUSIC
Music and Memory
Henry
Care plan it

So, what’s required?
Highest Practicable Level of Well-being

Comprehensive Person-Centered Care Plan
The care plan must describe the following:
The services that are to be furnished
to attain or maintain the resident’s highest practicable physical, mental and psychosocial well-being.
Do we do a good job or bad job of that?
Examples
Highest Practicable Level of Well-Being

- “I teach a fellow resident to paint as I cannot do it any longer but enjoy teaching”
- “I am learning how to paint from a fellow resident, something I’ve always wanted to do.”

Assessing & Care Planning Highest Practicable

- How to determine Highest Practicable
- Interview Resident
- Observe Resident
- Interview Family
- Interview Caregivers
- Recommend adding a section to each resident’s care plan: Highest Practicable. If you don’t, it won’t happen.

*Pick a resident, brainstorm highest practicable level of well-being.

Worksheet in Living Life to the Fullest at www.actionpact.com

Whose goals are they anyway?

- Ask residents what their goals are. It’s their life.
- Quote them: “I want to stay in my room.”
- Takes the onus off your team. No one can argue with it.
- Anyone tired of making up goals for another person?
- Ask families what the person’s goals would be, not theirs.
- Don’t dismiss your own observations, you know the person now.
Resident Rights 483.10

- The facility must protect and promote the rights of the resident.
- The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law.
- The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.

483.24 Quality of Life: Activities

The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

Activities

... designed to meet the _______ ...
Activities
... designed to meet the interests ...

Problem
__________

Goal
__________
(whose?)

Interventions
__________

Where did this style of care plan come from?

My Interests & Needs
I love to ...
I’m passionate about ...

My Goals
Changing the Culture of Care Planning
- Regulatory Support
- Individual Care Planning
- I Care Plans
- Narrative Care Plans

Approaches
Includes:
- Sample IN2L “Visual Care Plan”

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Lack of Stimulation – CMS 2006 Broadcast

• “It is not okay for people to be bored.”
• May or may not be due to group engagement or lack thereof.
• People living in institutions tend to be bored due to the lack of stimulation.
• Is reversible.

Dr. Judah Ronch

Boredom - CMS 2006 Broadcast

• “Watch when children come. The formerly bored persons come alive. Or when a puppy comes or relatives, the light of life comes back into their lives.”
• Sitting around bored is an adverse facility practice.
• With time, boredom becomes a chronic state of mind and it becomes more difficult to engage people.
  This is why residents:
  • walk out of a group activity, or
  • away from a certain part of the nursing home, or
  • congregate around the nurses’ station.
• Trying to get away from or find the right amount of stimulation.

Dr. Judah Ronch

The Nurses’ Station – CMS 2006 Broadcast

• Sitting around the nurses’ station represents for many, just the right amount of stimulation.
• Not too intense and not boring.
• We need to create other forms of stimulation with a similar level of intensity that captures people’s interests.

Dr. Judah Ronch
Severity Level 3

• Actual Harm that is not Immediate Jeopardy
  • Noncompliance that results in actual harm, and can include but may not be limited to clinical compromise, decline, or the resident’s inability to maintain and/or reach his/her highest practicable well-being.
  “Persistent depressed mood” manifested by
  • “Psychomotor agitation”
  • “Verbal agitation”
  • “Sustained distress,” “repetitive verbalization of not knowing what to do,” “needing to go to work or needing to find something”

Severity Level 2

• No Actual Harm with Potential for More Than Minimal Harm that is not IJ
  CMS Broadcast Scenario
  • Residents observed taken to meals, given ADL care with no activity involvement in between or taken to activities but not engaged.
  • All have dementia and are unable to be interviewed. Even if not complaining.

Severity Determination

• Matches the following Guide examples: “Complaints of boredom, reports of nothing to do.”
  Because residents cannot communicate, surveyors are instructed to use the reasonable person concept.
  Although it is very common that residents sit around, CMS instructs surveyors to cite severity level 2, stating that most people prefer something meaningful to do and not to merely sit around for hours at an end.
“I’M SO BORED I’D RATHER DIE.”
What would you do if you were the surveyor?

“Boredom can really lead to bad quality of life outcomes. Sitting around is not normal for any age even though many do it and we’re used to it. ‘They’re not making noise, they’re not bothering us, so we’re not going to pay attention to them.’ Our responsibility is to find out what it is that engages all of who they are and not just to take care of them physically.”

Dr. Judah Ronch
CMS 2006 satellite broadcast regarding the Psychosocial Severity Outcome Guide

Who should engage residents?
• Not only “activities/recreation” staff – they can’t do it alone…
• CMS Quality of Life: Activities, Staff interviews
  • Discuss how activities are coordinated when activities staff are not available.
  • Discuss with staff how they coordinating schedules for ADLs, medications, and therapies, to the extent possible, to maximize the resident’s ability to participate in activities.
Who should engage residents?

• "It is not possible for a few people in an Activities department to be able to provide individualized activities for the entire population of the facility, therefore, the writers of the regulation chose to make it the responsibility of the facility as a whole to fulfill this important mandate of the OBRA '87 law."

CMS Surveyor Training 2006 on Activities

• What two words begin this regulation?
• What two words begin all regulations?
• The facility must provide ….
Creating an expectation of engagement

- Price is Right example
- “Help me, help me.”
- The Pledge
- “Put on Frankie.”

- From Vibrant Living book/workshop
- Written to residents in scrapbook style
- Learning Circle questions
- Audits for residents and families
- www.actionpact.com

WHAT CAN ENGAGEMENT DO?

Eliminate depression? Anxiety?
So-called “behaviors”?
Anti-psychotics?
Prevent falls? Eliminate alarms?

Individualized Engagement

- Care plan it

www.actionpact.com
Will Boomers want to move in with their cat or dog?
Will this determine whether some move into or stay at your home?

Eden Alternative Principles:
• Companionship is the antidote to loneliness
• Giving care is the antidote to helplessness
• Variety and spontaneity are the antidote to boredom

Residents of Parkview Care Center in Denver make daily decisions of the home including budget

Resident Rights 483.10:
The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.

Residents of Sunny Hill in Joliet, IL hire their care givers
“Give me a job that if I don’t do it, something bad will happen.”
Reported by Psychologist Kurt Nygard, Eden Educator
Resident Rights 48.1.10
The resident has a right to choose to or refuse to perform services.

LET’S COMPETE WITH BINGO

Meaning and Purpose
Recommend “too many community service projects to count”
Community service project ideas:

“They want to be able to engage in meaningful activities that make a difference.” (Kane, 2001)
“It is meaningful relationships and purposeful engagement (even at end of life) that defines aging well.”


New Program Brings That Warm And Fuzzy Feeling

Meaning and Purpose for Men

*What would offer the men in your community meaning and purpose?*
Rockport Healthcare Services
Healing Lives, Healing Community

http://ahearttoserve.org/#

Soften Institutional Processes

Other ways to make normal:
S – Support Simple Pleasures
O – Offer Options
F – Foster Friendships
T – Tie-in to Tasks
E – Equalize Everyone
N – Normalize Now
SOFTEN the Assessment Process
• Workbook and training DVD
• www.actionpact.com

Generic care or individualized care?

Did OBRA 87 require generic or individualized care?
Do the new CMS requirements require generic or person-centered care?

Regulatory Support for Culture Change
www.actionpact.com
Normal Life

Meaningful Engagement with Real Life

Is it all about this?

**Activities ≠ Groups Only**

“Residents are not required to attend activities.” CMS 2006 surveyor training Activities
Think Engagement

- Think INDIVIDUAL, don’t worry about the stage of dementia
- What makes sense for this person to have? Even to “fidget” with?
- Meaning and purpose box in the person’s room; a Dolores box

- We must engage the family
- We need their help, they need ours
- Encourage to take resident outside
- Bring in photos, ask to identify, see what happens, memories

*What can you do to create engagement with real life in your role?

WHATEVER SITUATION YOU ARE IN YOU CAN MOVE IT IN THE RIGHT DIRECTION.

Dr. Bill Thomas 3/2011
Conversations with Carmen

Contact Information
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- All day workshops
- Conference sessions
- Webinars
- Consulting
- Teleconferences with your whole team