

CREATING COMMUNITY THROUGH RE-CREATION

and

MDS 3.0

Culture

Change

Connections



CREATING COMMUNITY THROUGH RE-CREATION

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LEARNING OBJECTIVES:

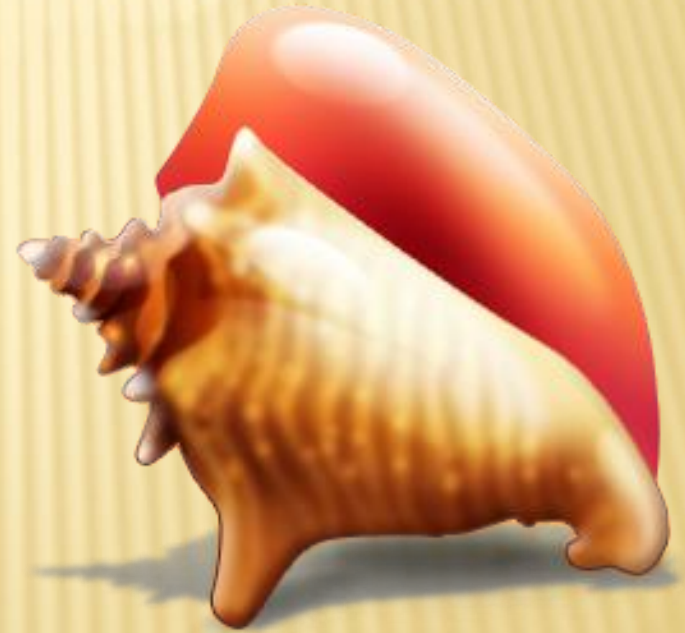
- * Define some differences and overlapping the roles between staff and volunteers, activity professionals, and recreation therapists
- * Discuss how collaboration re-creation can build a sense of community and lead to recreation innovations
- * Demonstrate how the MDS 3.0 and person-directed care are connected

LISTENING

2002 NAAP Kansas-

Karen Schoeneman

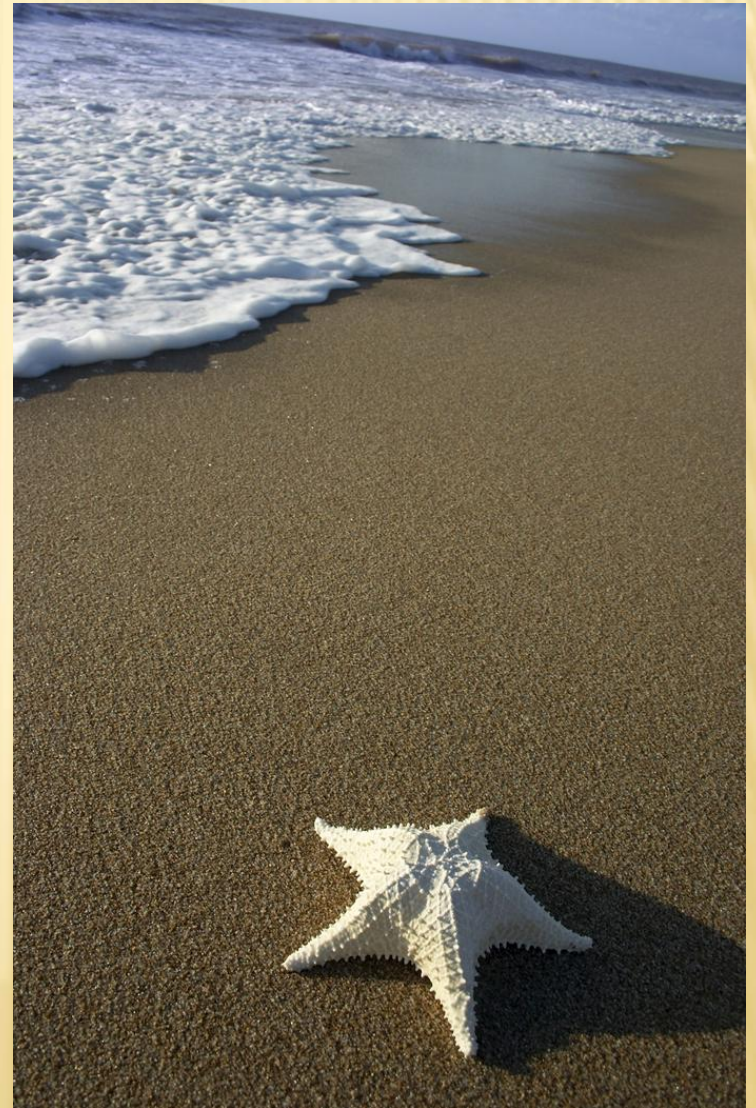
and Carmen Bowman



LEARNING

2006 Career venture as
a Culture Change Coach

2009 Contracts as a
Culture Change Consultant



LEARNING

NAAP 2009, New Mexico

NCCAP

ATRA

Pioneer Network

Planetree

California Association of Health Facilities

California Culture Change Coalition



CHALLENGES

- How does the concept of “home” connect with rehabilitation?
- How can we ask staff to do more?
- How do we teach C.N.A.’s to be activity leaders?
- How does activity education fit with the “Universal Worker” concept?
- What models of elder care are working?
- How do we address reports of lack of meaningful recreation in new small care homes?



OUTLINE

Overlapping roles, goals and responsibilities

Unique collaborations

MDS 3.0



10 THINGS YOU LIKE TO DO

Many activity professionals use a variation of an ice-breaker exercise “List 10 things you like to do...”
One rule, “Eating, sleeping, and sex don’t count!”

Many variations on the ice-breaker and the exercise.
Compare interests to calendar
Consider losses associated with aging
Consider positive emotions that activities bring into our lives

THE LAUGH IS ON US!

Eating,
sleeping
and sex
DO count!

Let me explain...



DEFINITIONS

Recreation

Recreation Therapy

Activities



DICTIONARY.COM

re-cre·a·tion

noun

1. the act of creating anew
something created anew

origin 1515-25

noun

1. refreshment by means of some pastime, agreeable exercise, or the like.
2. a pastime, diversion, exercise or other resource affording relaxation and enjoyment

THERAPEUTIC RECREATION

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What is TR?

"Recreational Therapy" means a treatment service designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition. (July 2009)

CMS Manual System	Department of Health & Human Services (DHHS)
Pub. 100-07 State Operations Provider Certification	Centers for Medicare & Medicaid Services (CMS)

F248§483.15(f) Activities

“Activities” refer 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.

CMS Manual System	Department of Health & Human Services (DHHS)
Pub. 100-07 State Operations Provider Certification	Centers for Medicare & Medicaid Services (CMS)

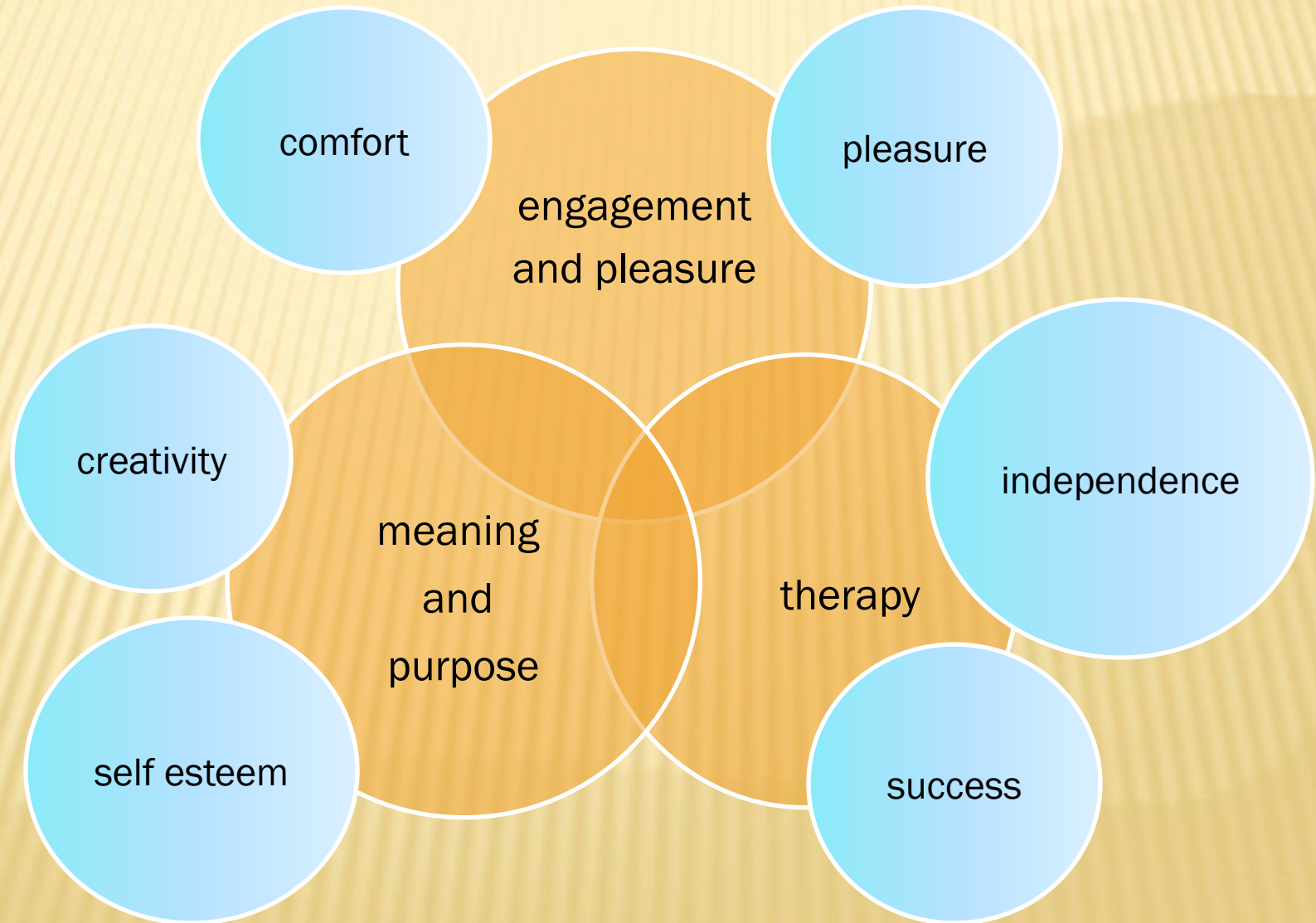
F248§483.15(f) Activities

“Activities” refer 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.

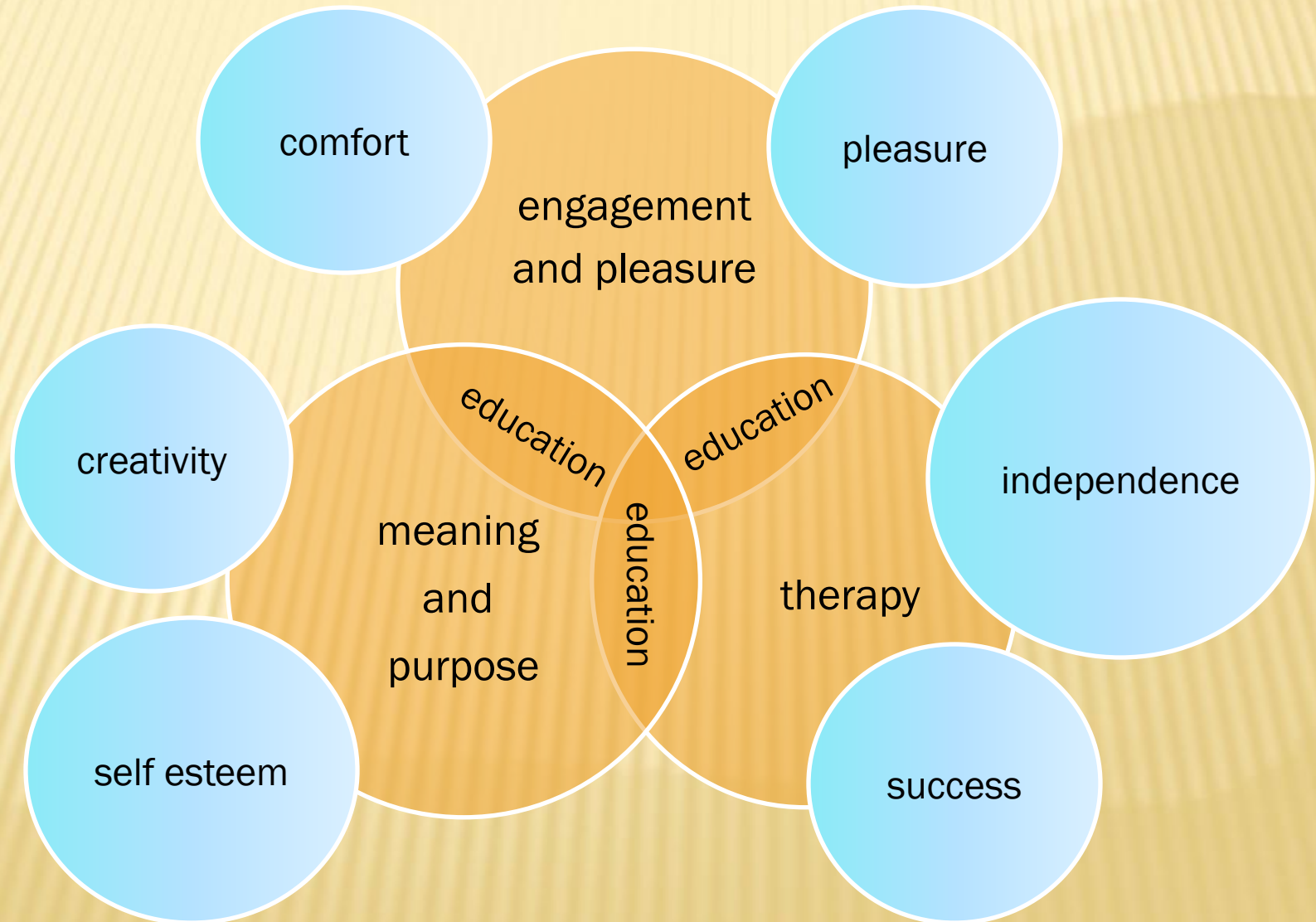
RESPONSIBILITIES



OVERLAP AND GOALS



OVERLAP AND GOALS



3 EXAMPLES

Engagement	Staff, C.N.A.'s and Volunteers	Activity Professional	Recreation Therapist
Reading for pleasure	Talking about the daily newspaper Reading aloud Literacy Reminiscence	News Currents Good News Discussions Political Forum	Adaptive devices Book holders Page turners Book Club
Sensory hand towels			
Dancing			

SENSORY STIMULATION



Recreation Therapy Studies/Goals

Dementia Practice Guidelines for Recreation Therapy by Linda Buettner and Suzanne Fitzsimmons, an American Therapeutic Recreation Association publication.

Decrease apathy as they increase interest in group activities (authors Paire & Karney, 1984)

Provide more constructive engagement and pleasure (Baker, et al., 2001)

Improve behaviors (Armstrong, 2001)

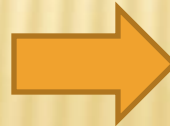
Reduce motor behaviors during the hours of 3-4pm (Smallwood, Brown, Coulter, Irvine, & Copeland, 2001)

Reducing agitation in 60% of their subjects with lavender oil (Holmes, et al., 2002)

In a study by California's Dr. Keith Savell, reminiscence-based sensory motor stimulation was used successfully in clinical practice as a behavioral alternative to medication or restraint in long term care clients (Savell & Krinsky, 1997)



SENSORY HAND TOWELS



DANCING

Staff
and
Volunteers



DANCING

Activity Professional



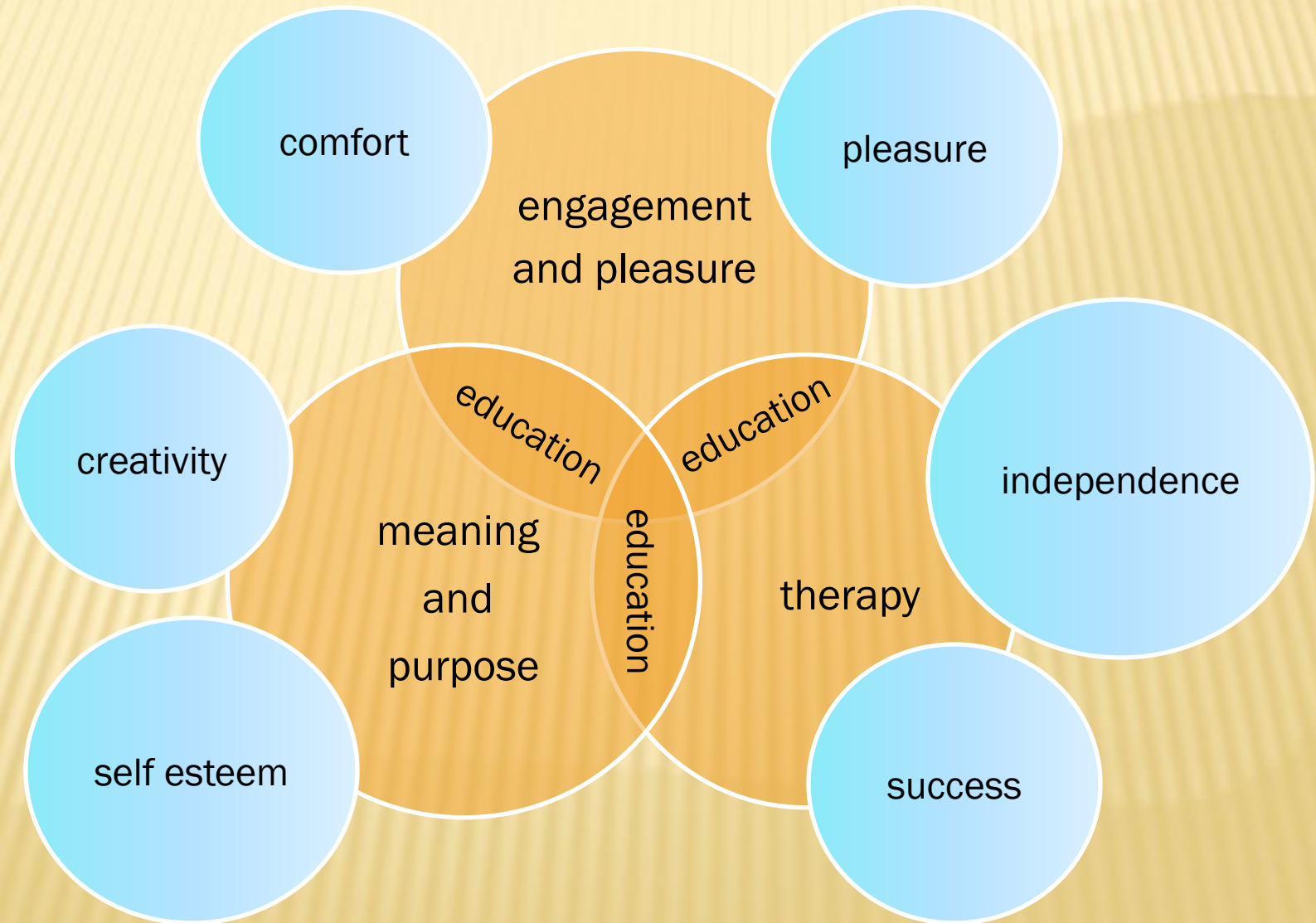
DANCING

Recreation
Therapist



wheelchairdancing.tv

OVERLAP AND GOALS



CREATIVE COLLABORATIONS

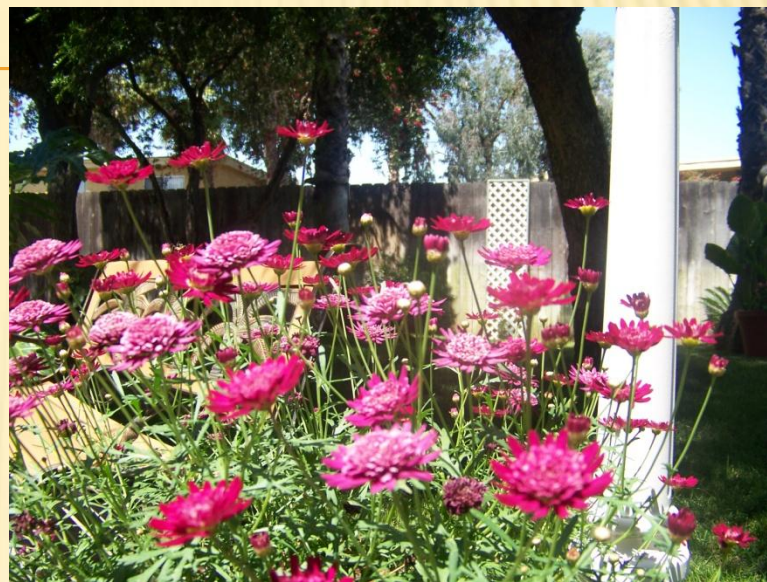
Interdisciplinary
Change began
In areas of
Resident
Dining,
Bathing,
and
Physical Comfort



MEAL PREPARATION



GARDENING



STORY OF EZRA'S TOMATOES



CELEBRITY CHEF



Ed Long, Administrator



Dr. and Mrs. Alongi,
Medical Director

COLLABORATION

Re-creation can be defined broadly
Include opportunities for:
Sensory comforts and pleasures
Environmental comfort
Physical comfort
Pain reduction
Choice
Privacy



“EATING, SLEEPING AND SEX DO COUNT!”

What makes a good day good



CHOICES REGARDING DINING



CHOICES REGARDING SNACKS



CHOICES REGARDING SLEEPING



CHOICES REGARDING BATHING



CHOICES REGARDING ACTIVITIES



KEY IDEAS

- *Consider new definitions for activities
- *Un-think what we've known long-term care to be until now
- *Un-learn some myths about culture change
- *Learn from each other
- *Take time to suspend judgment
- *Keep an open mind



A SURPRISING LINK TO CULTURE CHANGE

The MDS 3.0!

THE MDS 3.0 LINK TO CULTURE CHANGE

Section F Interview Preferences

16 Questions regarding

- *Personal Space

- *Privacy

- *Socialization

- *Choice

 - *Snacks

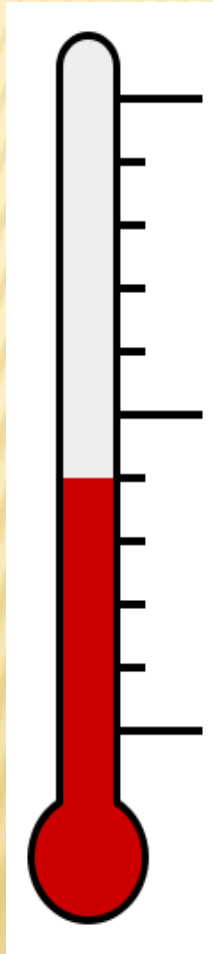
 - *Sleep

 - *Bathing

- *Activities



RESIDENTS ARE ASKED HOW IMPORTANT 16 ASPECTS OF CARE ARE TO THEM



Very important

Somewhat important

Important but can't do or no choice

Not very important

Not at all important

DAVID KOLB'S LEARNING STYLES

Feel



Watch



Do

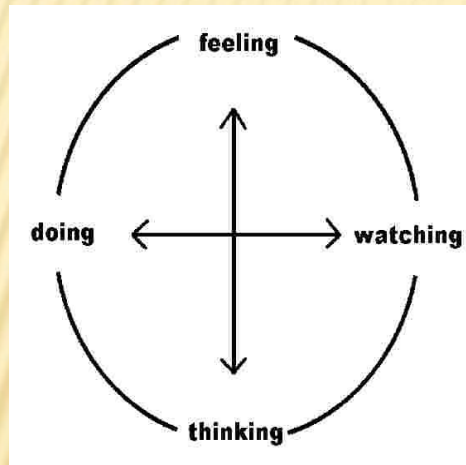


Think



PARTICIPATORY EXERCISE

Watch-Think-Do-Feel



Begin by opening the small bag of prepared cards



PLACE YOUR MARKER MATS

Place the 5 marker mats from left to right

1
Not important at
all

2
Not very important

3
Important,
but can't do or no
choice

4
Somewhat
important

5
Very Important

IMAGINE

Imagine that you are going to be living in a nursing home for about 3 weeks...

(script read aloud)

PLACE THE PREFERENCE CARDS

Place the preference cards onto the marker mats to indicate how important each preference is to you

1
Not important at all

2
Not very important

3
Important,
but can't do or no
choice

4
Somewhat
important

5
Very Important

Be able to have snacks
between meals

Go outside to get fresh air
when the weather is good

RECONSIDER THE PLACEMENT OF YOUR CARDS

Imagine now that you've taken a fall during your stay...

(script read aloud)

If you were to be staying for 3 months more, do any of your cards change position? Go ahead and make those changes.

WHAT'S IMPORTANT?

Take a look at every card that is important.

How well does your nursing home provide for your types of preferences?

What might need to change?

AN EXTENSION

Flip over each card

Make a note on the back

Who, on the ID team needs to collaborate to provide these choices?

THE MDS 3.0

Current due date for MDS 3.0 implementation is October 1, 2010

Section F of the MDS 3.0 “Preferences for Customary Routine and Activities”

Culture Change principles are integral

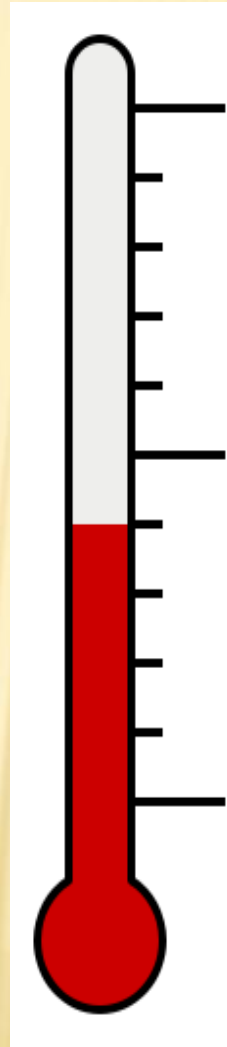
8 questions for daily preferences

8 questions for activity preferences

THE MDS 3.0

The card sorting activity with marker mats is intended for staff

Other visual cues are recommended to use with residents



Very important

Somewhat important

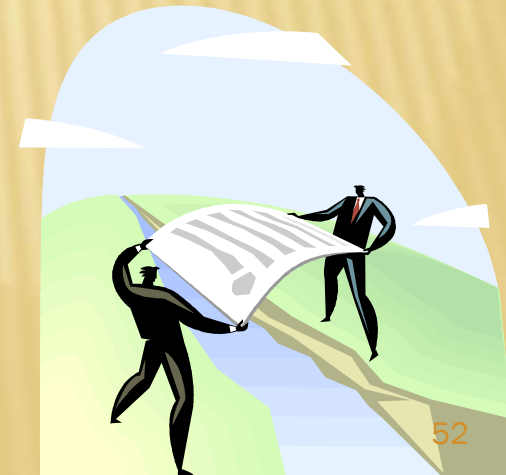
Important but can't do or no choice

Not very important

Not at all important

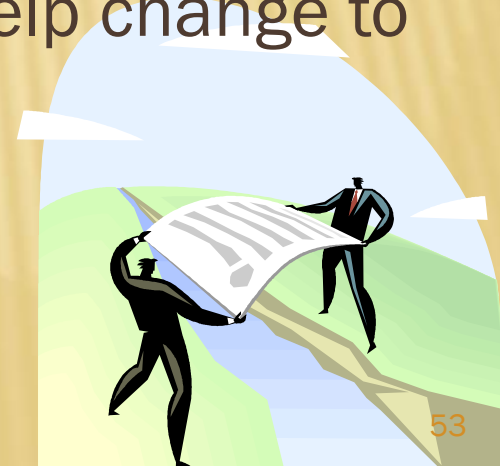
THE MDS 3.0 PREFERENCES INTERVIEW

- *Practice can help staff to plan through the who, when, and how for best interviews
- *Practice of the resident interviews can help staff to consider ways to expand resident choice
- *Practice of the resident interviews can help change to be a more gradual process



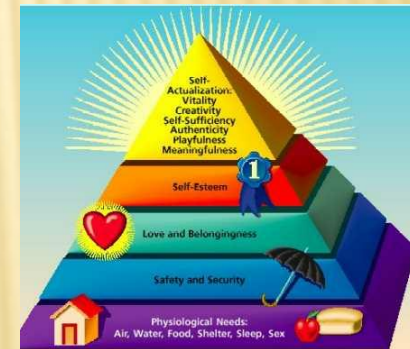
THE MDS 3.0 PREFERENCES INTERVIEW

- *Staff practice of the interviews is recommended by MDS CMS specialists.
- *Staff can begin to plan the who, when, and how for best resident interviews
- *Practice of the resident interviews can help staff to consider ways to expand resident choice
- *Practice of the resident interviews can help change to be a more gradual process



MASLOW'S HIERARCHY OF NEEDS

- *People are motivated by the urge to satisfy needs
- *Needs range from basic survival to self-fulfillment and self-actualization
- *People don't fill the higher level needs until the lower level needs are satisfied



CONSIDER PREFERENCES AS NEEDS

- *Self Actualization

Creativity, Meaningfulness

- *Self Esteem

Dignity, Choice

- * Social Connection

- * Love and Belonging

- *Safety and Security

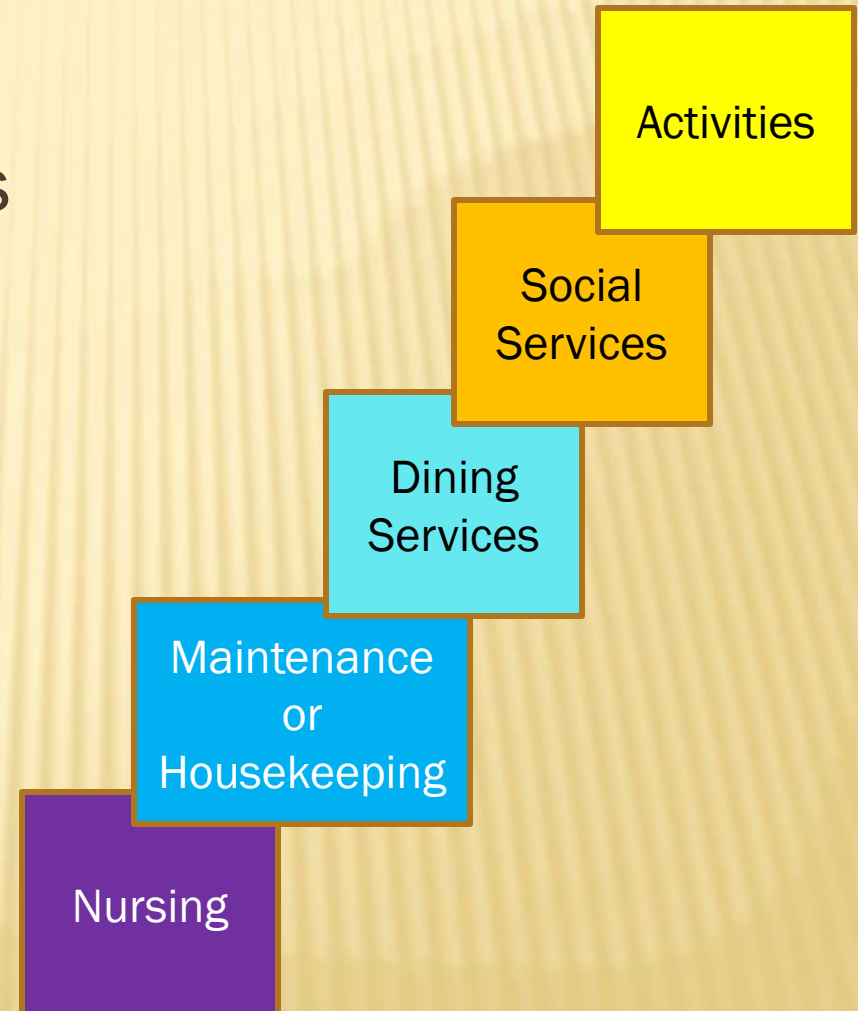
- *Basic Physiological Needs

Air, water, food, shelter,
sleep, sex



CONSIDER NEEDS AS DEPARTMENTAL OVERLAP

- *Self Actualization
Creativity, Meaningfulness
- *Self Esteem
Dignity, Choice
- * Social Connection
- * Love and Belonging
- *Safety and Security
- *Basic Physiological Needs
Air, water, food, shelter,
sleep, sex



START OPENING DOORS FOR CHOICE



THE COMMITMENT TO INNOVATION



Innovations come and go...
How long will Wii be an activity innovation?

A COLLABORATION

Intergenerational Research project
University of California San Diego
National Institute of Health
Helix High School
La Jolla High School and
Kennon S. Shea and Associates



CREATE COMMUNITY THROUGH RE-CREATION

- *Step forward to help re-define the roles of staff and volunteers, activity professionals and recreation therapists
- *Create opportunities for creative collaboration as a road toward recreation innovations



