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
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
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
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
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)
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.
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RESPONSIBILITIES

Staff, Volunteers

Activity Professional

Recreation Therapist
OVERLAP AND GOALS

- comfort
- engagement and pleasure
- pleasure
- independence
- therapy
- success
- meaning and purpose
- creativity
- self esteem

pleasure

17
OVERLAP AND GOALS

- comfort
- pleasure
- creativity
- self esteem
- engagement and pleasure
- independence
- education
- meaning and purpose
- therapy
- success
## 3 Examples

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

engagement and pleasure

comfort

pleasure

creativity

meaning and purpose

education

education

education

independence

therapy

self esteem

success
CREATIVE COLLABORATIONS

Interdisciplinary Change began in areas of Resident Dining, Bathing, and Physical Comfort.
GARDENING
STORY OF EZRA’S TOMATOES
CELEBRITY CHEF

Dr. and Mrs. Alongi, Medical Director

Ed Long, Administrator
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 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?
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
* 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
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