

ACTIVITIES: IS WHAT WE'RE DOING BENEFICIAL?

Fred Pitzel, MA, CTRS, Regional Activity Consultant, Mariner Post-acute Network

Creative Forecasting, Be Our Guest – October, 2001

I was asked to do an outcome-based study on the benefits of the activity/recreation program by my corporation, Mariner Post Acute Network. The most effective way to compile this data is through random case studies. Case study development is a process of managing the business daily. Completion of this process can assist in determining the individual benefits of recreation programs. The following information of four random case studies performed at Canyon Hills Health and Rehabilitation Center show that:

1. Activities assist in improving social skills.
2. Activities assist in increasing communication skills.
3. Activities assist in increasing passive and active range of motion (ROM).
4. Activities assist in decreasing stress and agitation.
5. Activities assist in decreasing the amount of falls for certain residents.
6. Activities assist in decreasing the amount of urinary tract infections (UTI's) for certain residents.
7. Activities assist in decreasing signs and symptoms of depression.
8. Activities assist in decreasing confusion and inappropriate behaviors.
9. Activities assist in increasing self-ambulation.
10. Increased activity decreases the amount of work needed for nursing staff.

Canyon Hills Health and Rehabilitation Center
Thermopolis, Wyoming
Ronda Marshall/Wyoming Lead Activity Director
Fall, 2000

CASE #1

Resident #1857
Diagnosis: Closed head injury, severe spasticity, aphasia
Doctor lists this patient as comatose
Age: 21

Nursing notes indicate that in fall of 1999, this resident did not respond to verbal stimulus and was very rigid. In the first quarter, Activities noted that within the 62 activity interventions, there was brief eye contact and some small physical movements. Nursing notes indicated that over the next few months, alertness and relaxation began to increase. When staffing was increased in the Activity Department, this resident began receiving one-to-one visits 5 times per week. This resident's attendance to activity interactions increased 40%. In May of 2000, the Restorative Aide reported an increase in passive ROM. By July of 2000, all departments noted eye tracking, eye contact, facial expression, physical reactions to noises, and a change in body color related to mood. Restorative (Department) noted that resident began to self-initiate some hand movement. We believe this dramatic increase in function is related to the increased number of interactions with Activity Staff that this resident received, the hand massages that were given 5 times per week by Activity Staff, and the increased animal programs this resident could attend due to increased staffing.

CASE #2

Resident #1474
Diagnosis: Schizophrenia, dependent personality
Age: 65

In the summer and fall of 1999, this resident was noted to have an increase in confusion, increase in inappropriate behaviors, increase in episodes of insomnia, and increase in the signs and symptoms of depression. She has a history of UTI's, weight gain, falls, and inappropriate behaviors. When staffing was increased in the Activity Department, Social Service notes indicated that she began to become "very active." By July of 2000, this resident was noted as being "cheerful, laughing, and having no behavior problems." She became the Resident Council President and increased the amount of time she spent in groups and doing independent activities. She has had no UTI's since the implementation of the Hydration and Nutrition Program, which could not be so successful without our increase in Activity Staff. She has had no incidents of inappropriate behavior since the increase in Activity Staff and her increase in participation in activities. This resident has had a decrease in weight recently and a decrease in falls due to her increased attendance in exercise groups.

CASE #3

Resident #1726

Diagnosis: Hypertension, aphasia, paralysis on right side

Age: 77

This resident has had many episodes of violent, combative behavior towards staff and other residents prior to an increase in the Activity Staff. This resident had a history of communication problems due to limited eye contact, limited attempts to verbalize, and limited physical movement. This resident also has a history of UTI's. Since the increase of the Activity Staff, this resident's attendance to activity interactions has increased by 50%. This resident is noted to be participating with eye contact, verbally and physically follows simple directions, and exhibits some verbalization. This resident has had no UTIs since the implementation of the Hydration and Nutrition Program. This resident has had a 90% decrease in combative behavior since the increase in Activity Staff. We believe that these changes in function are due to the number of Activity Staff in our building and the amount of time spent with this resident.

CASE #4

Resident #1377

Diagnosis: Hydrocephalus, blindness in one eye, ventricular shunt status, alcoholism

Age: 60

Records show that when this resident was admitted in the fall of 1999, he indicated he did not want to attend group activities. Upon admission, he was incontinent and used a walker and one Certified Nurse's Aide to assist. He also had severe long term and short term memory loss and had many signs and symptoms of depression. Since the increase in Activity Staff, this resident has increased attendance at group activities by 475%! He attends exercise groups at least 5 times per week and is now ambulating independently. He has also become independent in his activities of daily living (ADLs). This resident's memory loss has decreased since his increase in attendance at group activities. He now shows few signs and/or symptoms of depression. We believe that his increase in attendance at groups due to the increase in Activity Staff has improved his functioning level related to ambulating, ADLs, independence, and memory retention.

SUMMARY

Recreational Programming can do many things including increasing independence and functional abilities and decreasing psychological problems. Through case study development, residents are able to observe individualized progress and positive changes they have produced in their own lives. Staff is able to see, in more concrete terms, the benefits of their work. Staffing patterns, budgets, and overall costs are more effectively justified. By focusing on the benefits

caregivers provide, we are able to contribute that much more to the lives of our residents on a daily basis.

***Note:** Many other departments such as Nursing and Therapy had an impact on the lives and functioning abilities of these residents. All departments maintain that without the interaction that the Activity Department provides, these residents would not have been as successful as they were.

****Note:** This information was obtained through examination of medical record charts and interviews with staff and residents directly involved. CF