

Activities: Now's the Time to Advocate and Educate!

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In January, 2007, I had the wonderful opportunity to give a presentation for the New Jersey Society of Nursing Home Administrators. The session was entitled: "F248 Activities: Conquering the Challenge of the Revised Guidance to Surveyors." There were over 60 health-care professionals in attendance, most of which were Administrators. Other professionals included CEO's, Activity Directors, Directors of Nursing, and Staff Educators. The evaluations indicated that the session was well-received, interesting, and very informative.

It is vital for Activity Professionals to educate others about the revised F248 Activity Guidance to Surveyors, as well as the role and importance of meaningful activity. The focus of my session included an overview of the revised interpretive guidelines for F248 as well as a variety of strategies that may be used to offer a well-balanced program of activities. Such strategies included: interdisciplinary, staffing, programming, and documentation.

I placed a *great* deal of emphasis on an interdisciplinary approach to quality of life and the potential Ftags related to activities. Through leisure awareness and team building activities, the participants learned that all facility staff is responsible for providing meaningful activities to the residents. Brainstorming offered opportunity for numerous department-specific quality of life strategies and ways to communicate residents' interests and needs.

Another area reviewed was staffing. Appropriate staffing in Activity Departments across the country is often a topic of great concern for Activity Professionals. Unfortunately, not all states have mandatory staff to resident ratios for resident activities, and even those that do, may be considered bare minimum. Depending on the needs and acuity levels of the residents, I recommend that facilities aim to having two full-time activity personnel per 45-60 beds unit. For some of you, this sounds like a dream, but many facilities in NJ have this type of staffing. I also recommend that facilities hire a separate Volunteer Coordinator who works with the Activity Director. Volunteers play an instrumental role in offering a vast array of activities and services, ranging from religious/spiritual needs, cultural/language considerations, gender, and age-related needs.

In my session, I also discussed various programming strategies and recommendations. Environmental considerations included benefits of a therapeutic environment and sample therapeutic environments such as SNOEZELEN or multi-sensory environments, neighborhoods, Eden Alternative, and reminiscence environments. Other significant programming strategies included: parallel programming, small group programs, one to one interventions, Resident Council, adapting activities and adaptive equipment.

Lastly, the session included a variety of documentation strategies. Much discussion revolved around the importance of activities within the comprehensive care plan. Other topics covered included: population analysis, calendar analysis, resident satisfaction surveys, quality of life audits, care planning, assessment, attendance records, progress notes and the development of a system that communicates residents' activity needs and interests.

Whether it's at a state convention, local group, within your facility, etc. get out there and educate anyone and everyone about the role and benefits of activities. Many health-care professionals just do not know the full extent of what we do and why we do it. Contact your local Administrators' Association, Social Services, Volunteer Ombudsman Programs, etc. You may even try to incorporate mandatory annual activity in-services at your facility. So go ahead and take the challenge: Advocate and educate! If you are interested in speaking on this subject but just don't have the time to organize the material, contact [Kimberly Grandal](#)