

Many MORE Changes the Activity Director/Activity Professional Faces With The Implementation of the MDS 3.0

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On October 14, 2010, HCPRO blogger, Diane Brown addressed the question, "[What Changes in the MDS 3.0 Should the Activity Director look for?](#)". Below are some other changes that I thought were important to point out.

There are many changes the Activity Director/Activity Professional faces with the implementation of the MDS 3.0. Some include:

- Section F now combines customary routine and activities. If the Activity Professional is completing all of section F, he/she must now learn about customary routines such as bathing, snacks, dressing and so on. This is a new area of assessment for the Activity Professional.
- Although not the norm, if the Activity Professional is doing other interviews such as mood, cognition and pain-also new areas for the Activity Professional.
- The Activity Professional, as well as the IDT will really need to communicate findings from resident interviews with the appropriate department. Communication will be key to formalizing the resident-centered care plan.
- Care planning will be very different for the Activity Professional. Resident preferences will really be identified and the language should reflect that. Problem statement such as, "Mr. Smith has little time in activity", are no longer relevant or useful.
- Code 5 "can't do or no choice" will really help the Activity Professional in formalizing care plan and addressing the resident's recreational activity needs. Residents often have perceived barriers. A resident may feel he/she can longer participate in a favorite recreational activity related to pain, facility resources, health issues, time/energy and so on. Activity Professionals and CTRS's are exclusively trained to assess and provide the necessary adaptation, modification and adaptive equipment needed to help the resident participate n their favorite activities to the highest extent possible. Leisure education will also play an important role in the coding of section F.
- The triggers (CATs) for activities are completely different which will affect the CAAs and care planning for Activity Professionals.

- Although the CAA process is the same, there are clearly defined CAA content areas that need to be documented. The Activity Professional must learn to be more thorough with the CAA documentation, truly identifying the underlying cause and contributing factors for the triggered activity CAA.
- Activities may be triggered now by another section of the MDS, the Mood section. This will increase communication amongst the Social Worker and the Activity Professional.

About the Author

Kimberly Grandal, Founder and Executive Director of Re-Creative Resources, Inc., is a strong advocate for the field of Therapeutic Recreation and Activities, with over 18 years of experience in various management and consultant positions. She is an Activity Consultant Certified and a Certified Therapeutic Recreation Specialist. Kim founded Re-Creative Resources Inc. in 2006 and provides seminars for various local, state and national activity associations. She also offers lectures for Re-Creative Resources Inc. and provides online webinars. In addition, Kim provides consultation and support to numerous facilities in the state and nationwide and writes for numerous online sources.

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