Teamwork: Getting Ideas into Practice

Part 4. Dementia Training to Promote Involvement in Meaningful Activities

The University of Iowa | Iowa Geriatric Education Center

Objectives

- Establish team roles to effectively implement and monitor individualized activities
- Describe basic principles for implementing individualized activities

CMS Activity Rule

Clear about what to NOT do . . .

- Not just the responsibility of activity/recreation director
- Not just an hour-a-day program
- Not "general" – must be "person-appropriate"
- Not okay to say person is "too impaired"
- Not "understood" – must be specified in plan
- Not acceptable to say "Not my job!"

Everyone is part of the solution!

Great ideas… How do they work?

Build a team that understands the needs and can do the job!

Requires cooperation and commitment!

- Activity/recreational therapy personnel
- Nurses and nursing personnel
- Other therapies (e.g., PT, OT)
- Social work
- Dietary
- Administrative/supervisory personnel
- Medical directors/primary care providers
- Resident & his/her family members

Successful programs regularly . . .

- Have the full support of facility administration
- Identify key staff to work as a team
- Include all available disciplines
- Select a team leader
- Develop a specific process based on organizational needs
- Identify the frequency & timing of meetings
- Communicate with others
- Build on the strengths & interests of members

Decide: Who will do what?

Who will be responsible for . . .

- Taking leadership roles to make needed changes?
- Clarifying roles & responsibilities related to staff involvement and cooperation?
- Assuring that plans are understood & followed?
- Collecting feedback from staff related to workload & share responsibilities?

Decide: Who will do what?

Who will be responsible for . . .

- Making changes to the care plan?
- Making sure the person is ready for activities?
- Transporting the person to activities?
- Assuring needed items are accessible during "off-hours"?
- Initiating "PRN" activities?
- Monitoring & documenting outcomes?

Basic Principles: Planning activities

Gauge format based on individual needs

- 1:1? Cue to engage in self-directed/individual activity?
- Small group? Larger group?

Evaluate the composition of groups

- How many individuals should be included?
- What ratio of staff to older adults is needed to be successful?

Planning activities

Evaluate the composition of groups

- What "mix" of abilities is reasonable?
- Target: Low, medium, high function?

Consider participant compatibilities

- Highly competitive?
- Easily intimidated?
- Known animosities?
- Bond in a way that excludes others?

Planning activities

Consider the time of day
- Passive? Morning and again before dinner
- Problem behaviors? Time to match typical "arousal" and distract

Offer "PRN" programs
- Respond to "occasional" or intermittent needs
- Comply with "24-7" mandate of rules

Getting started

Help with self-directed/individual activities
- Seat near radio; provide magazine
- Provide Simple Pleasures item
- Seat near other friendly residents to chat

Use goal-oriented 1:1/individual activities
- Build trust, experience enjoyment, transition to small groups, more social settings
- Reduce irritability by decreasing stimulation & increasing comfort

Getting started

Get participants to group activities
- Have the person ready
  - Dressed, groomed, toileted
  - Glasses, hearing aid in place
  - Fed; appropriate clothing & shoes for activity
- Adjust other schedules as needed
  - Medications, visitors, other appointments
  - Pain medication given as needed
- Assure easy transport

Getting started

Set up the environment for success

- Distraction-free room?
  - Foot traffic? Background noise? Clutter? Other distractions?
- Appropriate space?
  - Temperature? Lighting? Seating for activity?
- Participants comfortable?
  - Refreshments available? Toileted? Pain medications given?

Moving through

Use motivational techniques

- Cue person based on abilities/deficits
  - Cognitive: aphasia, apraxia, agnosia?
  - Physical: sensory, movement, endurance, other?
- Act as a role model
  - Dress: sneakers for walking program
  - Behavior: demonstrate using one-step instructions
- Encourage, cue
  - Include "failure-free" tasks (no wrong answers)
  - Use simple, understandable prompts

Moving through

Enhance staff communication skills

- Identify yourself by name
- Sit or stand at the same level as participants
- Alert & engage each person
  - Gain eye contact
  - Greet each person
  - Shake his/her hand or use other form of touch
  - Encourage the person to talk
- Instruct on what to do vs. what NOT to do

Moving through

- Apply basic communication principles
  - Slow down; speak clearly
  - One question at a time; wait for an answer!
  - Monitor body language & nonverbals
- Avoid too many verbal directions
  - Encourage participants to talk!
  - Moments of silence are okay; don't talk to "fill in"
  - Accompany verbal cues with nonverbal ones (e.g., point, smile, motion)
- Avoid talking about unrelated issues

Moving through

Be prepared to adjust course

- Agitated or disruptive during program?
  - Try Simple Pleasures to reassure, redirect
  - Gently remove, assess, return if possible
  - Consistently uncomfortable? Devise alternative
- Sleeps during program? Consider options:
  - Different time of day?
  - More stimulating program?
  - Shorter program?
  - Better match of activity to person's functional abilities?

Wrapping things up

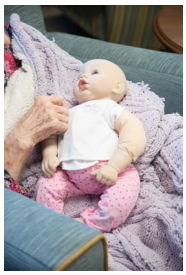
Bring the activity to a close

- Warn that you will be stopping "in 5 to 10 minutes" for those who are engaged
- Say "good-bye" and help them transition to another activity
- Avoid leaving participants with "nothing to do"

Transition to another activity

NEVER leave the person without something to hold or interact with . . .

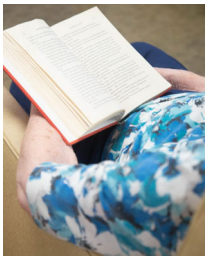
- Magazine
- Familiar game
- Video of family
- Simple Pleasures item
- Towels to fold
- Many choices!



Maintain involvement

Provide something to do while **WAITING**

- Look-inside purse to organize
- Sort some socks and roll into balls
- Listen to music with a headset
- Magazine or book to read
- Sort a deck of cards
- "Price is Right" game before a meal



Maintain involvement

Provide something to do **DURING CARE**

- Wave machine while receiving medications
- Muff while getting a wound treatment
- Stuffed fish in the bath
- Squeezies during dentist visit

Maintain involvement

Provide something to do **AFTER CARE**

- Home Decorator book
- Message magnets
- Picture dominoes with a friend
- Small group tether ball game
- Sewing cards
- Jewelry to sort and organize

Evaluate success

Measure outcomes

- Extent of activity involvement
- Frequency of activity involvement
- Impact on health-related factors
  - Depression, anxiety scores?
  - Agitation, behavioral symptoms inventory?
  - Functional abilities?
- Person's satisfaction
- Family's satisfaction

Evaluate success

Adjust program to fit needs

- Shorter is often better
- Stop before participants become tired or lose interest

Adapt activity to meet individual needs

- Simplify instructions, materials
- Shorten, modify to accommodate abilities
- Change format: 1:1/individual vs. small group

Summary

Successful activity involvement relies on cooperation among ALL TEAM members!

- Assessing needs & preferences
- Planning meaningful involvement
- Implementing selected activities
- Evaluating outcomes
- Adjusting course to best meet needs

Up next…

- Review and complete the Part 4 Work Place Exercise *(following the instructions there)*
- Complete the program evaluation!

Teamwork: Getting Ideas into Practice

Characteristics of Successful Teams

Successful teams tend to share common characteristics. As you think about making changes in activity-oriented care and programs for persons with dementia, also think about HOW TO BUILD A TEAM that works together toward common goals! For example . . .

Administrative backing and support is essential in order to form an interdisciplinary team that is provided time to a) meet regularly, b) discuss resident care plans, and c) make needed adaptations to assure those with dementia are provided high quality choices and opportunities in activity programs.

Key staff from all available disciplines participate in the team to better assure cooperation in implementing and evaluating outcomes of the activity program.

Leadership by a team member who understands dementia is often the key to successful problem-solving by team members. The discipline of the leader (e.g., nurse, activity/recreation director, social worker, occupational therapist) is less important than their experience and skills related to dementia care and their motivation to make changes in care routines.

Meeting regularly assures that residents' routines and special needs are addressed in a timely manner. Early identification and interventions directed at BPSD[1] like boredom, apathy, or restlessness reduce the risk that these behaviors will escalate into more difficult-to-manage problems.

Develop a process that fits well for your group and your facility. For example, stop to consider:

- the timing of your meetings
- how you will communicate with others in your facility
- the steps involved in identifying and assessing activity-related needs, getting activities into care plans, and evaluating outcomes

Build on the strengths and abilities of your team! Build on team members' recreational and leisure interests as you develop residents' activities/recreation programs. As before, the discipline of team members is far less important than each person's unique interests and skills. Stop to ask:

- What recreational interests do you have? How can you share that interest?
- What opportunities exist to develop a small group or club activity based on your interests?
- How might your interests be applied to help plan self-directed/individual or one-to-one activities for residents with dementia?

[1] BPSD was defined in Part 2 and stands for "behavioral and psychological symptoms of dementia." These symptoms commonly accompany dementia and are considered both preventable and treatable by adapting care routines and activities provided to persons with dementia.

Who Will Do What?

Successful use and evaluation of activity-oriented care for persons with dementia requires cooperation among staff members. Clarify STAFF ROLES early on to assure everyone understands WE ALL PLAY A PART in providing the "ongoing program of activities."[2]

Who (or which group of staff) will take primary responsibility for the following?

- ☐ Take leadership roles to make needed changes?
- ☐ Clarify roles & responsibilities related to staff involvement and cooperation?
- ☐ Assure that activity plans are understood & followed?
- ☐ Collect feedback from staff related to workload and shared responsibilities?
- ☐ Make changes to the care plan?
- ☐ Make sure the person is ready for activities?
- ☐ Transport the person to activities?
- ☐ Assure needed items are accessible during "off-hours"?
- ☐ Initiate "PRN" ("as needed") activities?
- ☐ Monitor and document outcomes?

Just like other care-related problems and concerns, activity needs should be documented in the resident's care plan.

Problem/Need	Goal	Interventions	Staff	Evaluation
Weight loss related to wandering and mealtime distractions (leaving dining room); dementia (mid-stage)	Resident will maintain current weight of 120 lbs	1. Provide finger foods, fluids & snacks prn 2. Provide meals in small dining room; seat with selected peers 3. Adapt mealtimes: pull drapes to reduce distraction, play soft music, use tablecloths 4. Use Simple Pleasures Wandering Cart prn with food tray 5. Direct to Therapy Gardens QD 6. Cooking Club 2x/week	Dietary, Nursing Dietary, Nursing Recreation, Nursing Recreation, Nursing Recreation, Nursing Recreation, Nursing	Weigh weekly x 4 weeks then Q month if weight stable.

[2] Refer again to definitions and requirements outlined in F679 Activities. The CMS rule clearly requires that activities be provided throughout the day and in off-hours, not just when activity/recreation staff are present.

Planning Activities: Approaches to Improve Success

Basic Principles

An important starting point for developing activity programs for persons with dementia is to reflect on the individual's unique needs, abilities, and interests.

- Think carefully about the FORMAT of the activity
  - ✓ Will the person need one-to-one or individual activities to as a starting point? (e.g., due to apathy or indifference OR because of irritability?)
  - ✓ Can they engage in self-directed/individual activities if provided the right materials? Or do they need to be cued to get started?
  - ✓ Are they able to interact in a small group format? Or can they "work up" to being in a small group after having some one-to-one assistance?
  - ✓ Are large groups appropriate for the person given their disabilities? If so, what type and how long of an activity will be enjoyable?
- If group activities are selected, carefully consider the COMPOSITION of the group.
  - ✓ How many individuals should be included for the topic or activity?
  - ✓ What kind of cueing or assistance is needed for residents to be independent and successful?
  - ✓ What ratio of staff to older adults is needed to be successful? Remember! The goal is for the RESIDENTS to do the activity, not the staff!
  - ✓ What "mix" of resident ability levels is reasonable to include for the activity?
  - ✓ Is the activity targeted toward low, middle, or high functioning persons with dementia?
  - ✓ How will personalities and characteristics of the group members blend together?
  - ✓ How will you work with members who cling, dominate, sit passively, or withdraw from the activity?
- Decide on the best TIME OF DAY for the activity based on information you gather.
  - ✓ What are the person's daily rhythms and routines?
  - ✓ When are activities needed to "activate" the person and get them going? (e.g., when do they sit passively, and seem bored, apathetic, or indifferent?)

- ✓ When are activities needed to "engage" the person?
  (e.g., when do they seem restless, distracted, or agitated?)

- ✓ When are activities needed to "comfort" the person?
  (e.g., when do they seem distressed, fearful, or anxious?)

- Identify "PRN" or "as needed" activities that can be offered when activity/recreation staff are not available.

  - ✓ Are Simple Pleasures items available for use during personal cares?

  - ✓ What resources do nursing staff have for evenings and weekends?

    - Games or cards

    - Sensory items

    - Equipment to play music in groups or for individuals

    - Cooking or food-related activities

    - Magazines or memory books

    - Simple art supplies like paper and pastels or charcoals

  - ✓ Which clubs can be offered without activity/recreation staff?

  - ✓ How can family be involved in providing activities?

Getting Started: Self-Directed/Individual Activities

Activities that residents with dementia can do on their own *can be an easily overlooked area of care in nursing homes.* Beliefs and attitudes that the person is "too impaired" to do anything alone interferes with creating appropriate opportunities.

- Stop and consider the person's long-standing interests:

  - ✓ Listening to music on the radio

  - ✓ Looking at a magazine or catalog related to interests: fishing, gardening, interior design, fashion

  - ✓ Using a Simple Pleasures item like a Sewing Card, Sensory Items, or Home Decorator's Book

  - ✓ Socializing with another resident or visitor

Getting Started: One-to-One/Individual Activities

Special assistance from staff is important for some residents. However, *the time that staff spends with residents in one-to-one/individual activities needs to have **a GOAL**!* An important goal for one-to-one activities can be to help the resident become comfortable with you, and later introduce them to activities that involve other people.

- Structure the activity so you can move from one-to-one time to a small group activity. For example,
  - ✓ Ask the person to play a simple game with you, perhaps in their room.
  - ✓ Work on gaining their trust, and increasing their enjoyment in playing the game.
  - ✓ Move the game-playing to a public area where other residents are located.
  - ✓ Talk to other residents about your game-playing, encouraging them to "come and see."
  - ✓ Transition to residents playing with one another while you watch, coach, and encourage.
  - ✓ Increasingly focus on being a facilitator instead of a participant: encourage participation, taking turns, and involvement in the activity by residents.

Getting Started: Small Group Activities

The success of small group activities depends on a long list of factors that are not directly linked to the activity itself! Take time to think about all the factors that may serve as BARRIERS to conducting enjoyable activity programs for residents.

- What does it take to get the person ready for the group activity?
  - ✓ Be sure the person is appropriately dressed for the activity (e.g., walking shoes).
  - ✓ Relieve any biological tensions that might interfere with attention, like toileting or hunger.
  - ✓ Make sure assistive devices like glasses and hearing aids are in place and functional.
- Adjust other schedules as needed to reduce distractions and conflict.
  - ✓ Make sure that medications are given before or after the activity.
  - ✓ Schedule appointments or visitors to respect the activity time.
  - ✓ Give pain medications (if indicated) to promote involvement.
  - ✓ Allow sufficient time to walk or be wheeled to the activity.

- Think carefully about the ENVIRONMENT[1] in which the small group is conducted.
  - ✓ Where is the room located?
  - ✓ What else may be going on near the room that may distract residents?
  - ✓ Will people be walking, talking, or working nearby?
  - ✓ Will noise or other sounds interfere with the activity?
  - ✓ Is the room a comfortable temperature for participants?
  - ✓ Is there enough room for people to participate in the activity and move through/around the room? (e.g., If someone needs to leave, is there enough space to exit without a fuss?)
  - ✓ Is the room the right size for the activity? (e.g., Having a small group in a large room may contribute to feeing "lost" in the space while rooms that are too small contribute to feeling crowded.)
  - ✓ Is the lighting appropriate for the activity? Is there enough and the right type of light?
  - ✓ Is the seating comfortable and easy to use by participants? Are chairs spaced to contribute to comfort? (e.g., Are they close enough to hear/see and hear each other, but not TOO close?)
  - ✓ What else might be needed to promote comfort? (e.g., refreshments, a bathroom break, a time to stand and stretch?)
  - ✓ Does the equipment needed for the activity work well in the room? (e.g., Are electrical outlets where you can reach them?)
- Adjust staff approaches and techniques to facilitate involvement in the activity.
  - ✓ Provide a brief introduction about the activity.
  - ✓ Demonstrate how to do the activity, and then cue to try.[2]
  - ✓ Provide simple, step-by-step instructions if needed to promote involvement.
  - ✓ Role model without taking over and doing things for participants.
  - ✓ Focus on "Failure Free" approaches to activities. (e.g., There is no "right" or "wrong" way to do the activity, so there is no reason to "correct" the person.)

[1] Recall that many of these issues are ones that the survey team will examine in their "observations" of resident activities.
[2] Recall that in handouts describing Simple Pleasures and other activities, demonstrating the activity, then saying "Now you try" is recommended.

- ✓ Provide positive encouragement and cues, like "Good job!" and "Try this."
- ✓ Avoid negative feedback, like "not like that" or "that isn't what we are doing" or "that doesn't make sense."

- Keep communication simple, clear, and understandable.[3]
  - ✓ Try treating the person with dementia like a guest at a party!
    - Greet them, shake their hand, and help them feel welcome.
    - Introduce yourself and other participants.
    - Use eye contact and other nonverbal cues like nodding, gesturing, and smiling.
    - Keep cues simple, to the point, and as few as possible. Let the residents do the talking.
    - Stay on "their level"; if seated, sit and interact, do not stand over the person and "talk down" to them.
  - ✓ Apply general principles for communicating with persons with dementia.
    - Keep language as simple and clear as possible.
    - Use nouns, not pronouns (e.g., "sit in the chair" vs. "sit there").
    - Ask one question at a time and wait for an answer. If you need to repeat the question, say it exactly like you did before. Do not rephrase.
    - Use nonverbal communication – like pointing, gesturing, smiling, and nodding – to support your verbal message.
  - ✓ Avoid talking to one another (staff) about anything unrelated to the activity, no matter how "important" it may seem.
  - ✓ Remember, residents should do the talking, not staff. A moment of silence may be needed for them to "gather their thoughts" to speak.
- Be prepared for the unexpected reaction to the activity!
  - ✓ Have Simple Pleasures items available to calm or comfort a person who becomes agitated or distressed.
  - ✓ Try quietly removing the distressed person to assess needs, make corrections (e.g., toileting), and then return to the activity.

[3] Refer to "Communication Strategies in Dementia" found in the Part 4 Appendix for additional ideas about effective communication.

- ✓ Recognize behavioral patterns that may signal that the activity is the wrong type, length, or format for the person.
    - Occasionally sleeping through a program may mean the person didn't get enough sleep or feels unwell.
    - Always sleeping through the program suggests a different program is needed (e.g., more stimulating, different time of day, shorter duration, better match to abilities).

- Just as you welcome and greet residents at the beginning, be sure to bring the program to a close at the end.
    - ✓ Warn participants that the program is coming to an end. (e.g., "We have about 10 minutes left before we need to end.")
    - ✓ Thank them for coming, and say "good-bye" and "see you again next time."
    - ✓ Help them transition to another activity.
    - ✓ NEVER leave residents without something to do!

- Maintain residents' involvement in some type of activity! Offer things to do when
    - ✓ WAITING for an activity, like meals, personal care, or visitor
        - Look-Inside purse to organize
        - Sort some socks and roll into balls
        - Listen to music with a headset
        - Magazine or book to read
        - Sort a deck of cards
        - "Price is Right" game before a meal
    - ✓ DURING CARES, like bathing or grooming
        - Wave machine while receiving medications
        - Muff while getting a wound treatment
        - Stuffed fish in the bath
        - Squeezies during dentist visit
    - ✓ AFTER the structured activity
        - Home Decorator book
        - Message magnets
        - Picture dominoes with a friend
        - Small group tether ball game

  - Sewing cards
  - Jewelry to sort and organize

- Evaluate outcomes associated with the activity, and revise plans as needed.
  - ✓ What is the person's level of involvement? How do they look and act during the activity?
  - ✓ Are they engaged and participating? Or are they sleeping, or trying to leave?
  - ✓ What health-related outcomes might be used as indicators?
    - Level of depression (PHQ-9 score) for those who are depressed?
    - Level of anxiety (GAD-7 score) for those who are anxious?
    - Change in the number of BPSD (NPI, BEHAVE-AD, CMAI score)?
    - Weight for those who wander or resist eating?
    - Improved mobility?
    - Reduced number of falls?
    - Increased hours of sleep? Reduced nighttime episodes?
  - ✓ Is the resident satisfied with their level of involvement in activities? Ask them what they think!
    - Did you like this?
    - Would you like to do this again?
    - What else would you like to do or try?
    - What would be fun for you to do?
  - ✓ Is the family satisfied with the resident's level of involvement in activities?
- Adjust activities to better match the person's level of function, interests, and needs.
  - ✓ Use the outcome information to guide needed adaptations.
  - ✓ Adjust course as the person's dementia progresses, simplifying activities to meet current changing abilities.
  - ✓ Think carefully about methods to maintain resident involvement, *remembering that residents, not STAFF, should be doing the activity!*

Part 4: Teamwork: Getting Ideas into Practice
Work Place Exercise

Work Place Exercises

As outlined in Part 1, we ask that teams of 4 staff work together: an activity/recreation person, a social worker, a nursing assistant, and a nurse. Each team member is asked to select a resident with dementia who may benefit from being evaluated as part of this training program. All work place exercises are applied to that SAME resident, and teams are asked to work as groups to change care practices. We know that every team member has a different role in providing activities, but working as a team is the most successful way to get things done!

Part 4 Work Place Exercise Directions:

In this last work place exercise, we will review and apply information gathered earlier in the program. The goal of the exercise is to put information in a format that is both useful to daily care providers and understandable to the survey team.

There are 7 steps in this exercise.

1. Start by reviewing the information in the Part 1 handout, "The Activity Rule: What CMS Requires." Focus on the discussion of care plans and interventions on pages 2 to 4.

2. Complete the questions on page 2 of this exercise, "Documenting Activity Involvement."

3. Read the information about "Health Promotion vs. Problem Prevention" on page 3.

4. Complete the forms "Your Resident's Activities" and "Care Plan Format" on pages 4 and 5.

5. Discuss your ideas with your team. Review and compare methods that are the most likely to promote Your Residents' involvement in meaningful activities.

6. Change the care plan, activity plan, and/or other supportive documents to reflect the new ideas and plans that you have developed.

7. Return to the "checklist" used in the Part 1 work place exercise. As before, think like a surveyor.

    - What kind of activity-related documentation will the surveyor find in the chart?

    - What observations support the fact that the new plan is person-appropriate?

    - What observations suggest Your Resident is satisfied with the activity plan and related care?

    - If the survey team arrived tomorrow and reviewed F679, would the care Your Resident is provided meet their expectations?

Documenting Activity Involvement

Getting plans into action requires that activity-related goals and objectives, interventions (including discipline-specific roles), and desired outcomes are written down. This written communication is essential for team members to consistently and successfully use person-appropriate activities for those with dementia.

In addition to deciding "who" will do "what" to implement activity plans, staff should also think about **how to record and document those ideas** to assure that

a) the activity plan is followed, and

b) surveyors can easily see that care provided is consistent with the Activity Rule.

Take time to answer the following questions related to YOUR facility and its policies:

1. Where is activity-related **care** (goals, objectives, interventions, staff responsible, and outcomes) currently documented?
   If in the chart or electronic health record (EHR), where?

2. Where are activity-related **assessments** (e.g., interests & preferences, needs & abilities) currently documented?
   If in the chart or EHR, where?

3. Where is information related to **participation** in activities, including nonparticipation, documented?
   If in the chart or EHR, where?

4. How are **adaptations** to activities documented?
   If in the chart or EHR, where?

5. What is done to assure that **information** in items 1 to 4 above **is understood and used** by all team members?

6. What are the easiest and most efficient **ways to help daily care providers**, particularly nurses and nursing assistants who are responsible for activities when activity/recreation staff are not present, **have needed information and resources** for implementing activity programs?

7. Are any changes needed to **assure easy access** to activity-related care plans, resources and instructions to implement plans, and methods to document outcomes?

Health Promotion vs. Problem Prevention

Another important consideration in putting plans into action is to understand that activities may have two different purposes:

1. **Health promotion** – Involvement in meaningful activities is an important component of high quality care aimed at overall health, well-being, life satisfaction, self-worth, and enjoyment in living. As the Activity Rule states, activities need to "enhance the resident's highest practicable level of physical, mental, and psychosocial well-being."

2. **Problem prevention** – Another aim of activity involvement is to reduce the risk that behavioral and psychological symptoms of dementia (BPSD) occur by engaging residents in enjoyable activities. This approach to activity involvement is also addressed in the Activity Rules. See pages 4 to 6 of the Part 1 Handout to review ideas again.

Of note, **CARE PLANS** are often "problem-oriented." As a result, activity plans that address "health promotion" may need to be framed in terms of physical, mental/emotional, and psychosocial "needs." For example, if Your Resident identified "playing cards" as an activity that was previously enjoyed, you might develop a care plan that looks like this:

Problem/Need	Goal	Interventions	Staff	Evaluation
Increased socialization with peers	Promote social interaction and cognitive stimulation	Play simple card games in a small group for 20 minutes 3 x week. Follow with discussion of past card playing experiences. Initiate card games prn to reduce boredom.	Nursing, recreation, family members	Exhibits behavior indicating enjoyment (e.g., smiling, talking); engages in game; reports liking game.

In other cases, you may be offering the desired activity (the one Your Resident identified) to reduce the risk of BPSD. The same interventions might have different goals and evaluation outcomes.

Problem/Need	Goal	Interventions	Staff	Evaluation
Wandering due to boredom, loneliness, and social isolation	Promote social interaction and cognitive stimulation	Play simple card games in a small group for 20 minutes 3 x week, followed by discussion of past card playing experiences. Initiate card games prn to reduce boredom, distract from wandering.	Nursing, recreation, family members	Frequency and duration of wandering is reduced. Exhibits behavior indicating enjoyment (e.g., smiling, talking); engages in game; reports liking game.

Activity Components of the Care Plan

Complete the following information for Your Resident. First, think about the "Health Promotion" aspects of Your Resident's activities. What do you think should be offered? How often is the activity needed? What time of day is likely best? Which staff members are needed to implement the activity? How will you evaluate the success of the activity – what is the desired outcome?

Your Resident's Activities

Your Resident's Activities	Xs/wk	Time of day	Goals	Staff	Evaluation/ Desired Outcomes
1.					
2.					
3.					
4.					
5.					

Now think about how these activities will be addressed in the care plan. How will you "frame" your approaches and ideas to help others understand your goals? How will you present the information above in the format of the care plan?

Care Plan Format

Take the information from the earlier table and put it in the care plan format used in your facility. The table below provides a common example to follow.

Problem/Need	**Goal**	**Interventions**	**Staff**	**Evaluation/ Desired Outcome**
1.				
2.				
3.				
4.				
5.				