

2011

Recommendations for the Provision of Patient Activities

Jean Schlichting
Minnesota State University Mankato

Follow this and additional works at: <http://cornerstone.lib.mnsu.edu/etds>

 Part of the [Health and Medical Administration Commons](#), and the [Social Work Commons](#)

Recommended Citation

Schlichting, Jean, "Recommendations for the Provision of Patient Activities" (2011). *All Theses, Dissertations, and Other Capstone Projects*. Paper 538.

This Other Capstone Project is brought to you for free and open access by the Theses, Dissertations, and Other Capstone Projects at Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. It has been accepted for inclusion in All Theses, Dissertations, and Other Capstone Projects by an authorized administrator of Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato.

Introduction

Federal Code § 485.645 is entitled “Special requirements for CAH (Critical Access Hospital) providers of long-term care services (“swing beds”).” It states that a CAH must be in substantial compliance with the skilled nursing facility requirements found in § 483. § 483.15 states that the facility must provide a comprehensive activities program that is designed to meet the physical, mental and psychosocial interests and needs of each patient. To ensure the program is meeting the interests and needs of patients, it also states that a comprehensive activities assessment should be completed with each patient. A wealth of research finds that there are significant physical, mental and psychosocial benefits of activities and substantiates the necessity of a comprehensive activities program. The purpose of this Capstone project was to provide evidence-based recommendations to the Mayo Clinic Health System in Waseca on how they can make their existing patient activities program more comprehensive such that it is capable of meeting the diverse physical, mental and psychosocial interests and needs of each patient receiving swing bed services.

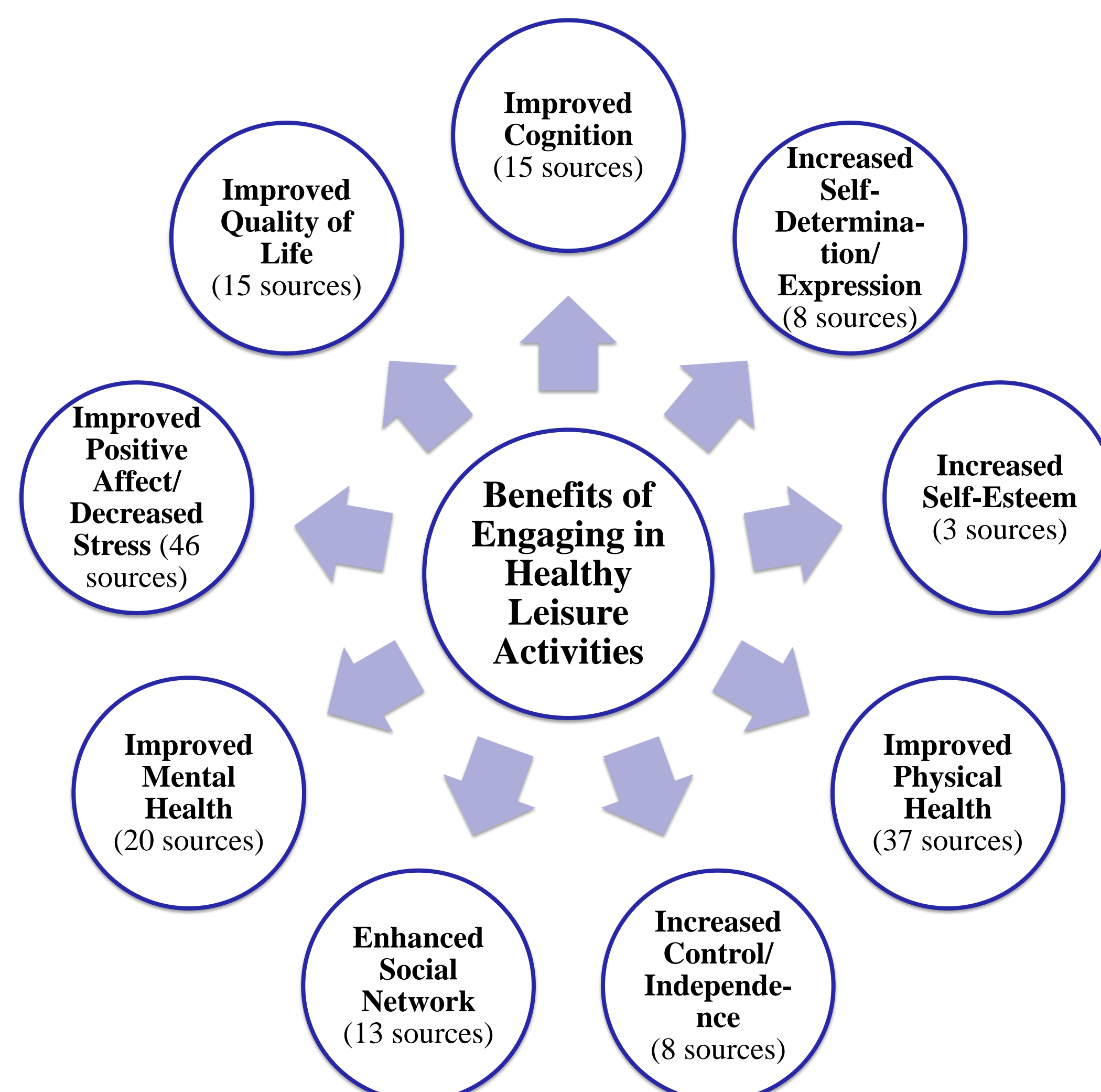
Methodology

A review of the literature was conducted. Policies related to the provision of activities and existing evidence-based practices for providing activities in long term care facilities were also reviewed. Search terms that were used to identify articles, book and policies to review included: activities, recreational activities, leisure activities, evidence, health, benefits, elderly, critical access hospitals, swing bed and transitional care. The databases that were searched include: EBSCO Host, Medline, PsychINFO, Social Services Abstracts, Mayo Library database, Minnesota State University, Mankato library database, Google Scholar and Google.

Summary of the Literature

The Benefits of Engaging in Healthy Activities

The literature review consisted of 102 sources that found that activities of interest yield significant benefits to individuals that can be categorized into nine domains.

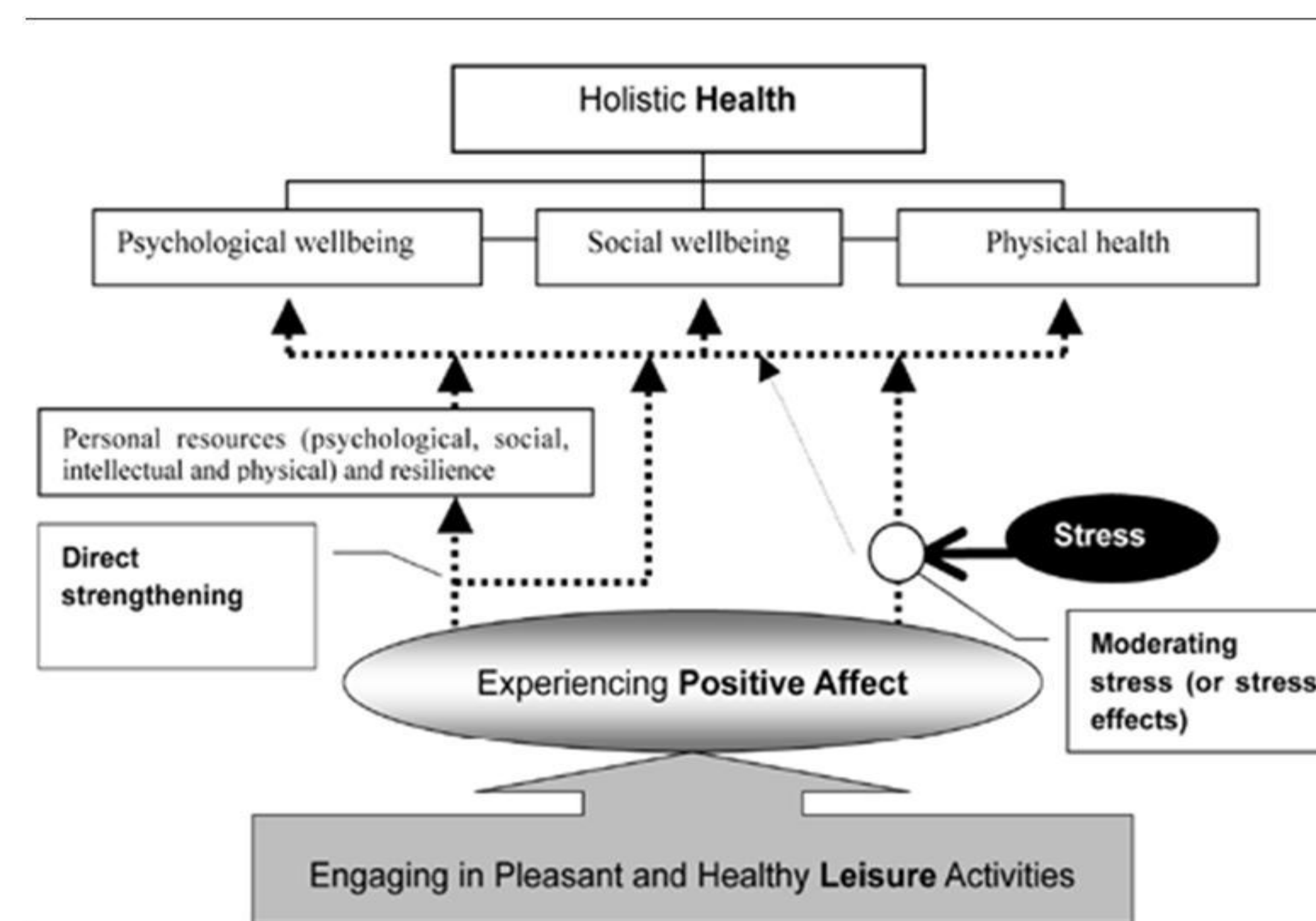


Definitions of Activities

1. ““Activities” refer to any endeavor . . . in which a patient participates that is intended to enhance her/his sense of wellbeing 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” (Centers for Medicare and Medicaid Services, 2005).
2. “A means through which improvement can be made in areas such as physical, psychological and social wellness” (Hall, 2005, p. 190).
3. “A significant component of the unified effort to create a totally healthy living situation” (Saul, 1993, p. 181).

Engaging in Healthy Leisure Activities Leads to Holistic Health

Hans and Patterson (2007) illustrate how engaging in leisure activities contributes to holistic health. This model shows that engaging in pleasant and healthy leisure activities improves or induces positive affect. The experience of positive affect can strengthen one’s personal resources and resilience, as well as moderates stress or stress effects. In turn, this can increase one’s psychological wellbeing, social wellbeing and physical health, which ultimately results in improved holistic health.



Survey Protocol to Determine Policy Compliance

- The facility is in compliance with Federal Codes §483.15 (f)(1) and §483.15(f)(2) if they:
 - Assess each patient’s activity interests, needs and goals.
 - Define and implement meaningful and “person appropriate” activities in accordance with each patient’s interest needs and goals.
 - Involve the patient in activities that are designed to appeal to his or her interests.
 - Involve the patient in activities designed to enhance the patient’s highest practicable level of physical, mental and psychosocial wellbeing.
 - “Person appropriate” refers to the idea that each patient has a personal identity and history that includes much more than just their medical illnesses or functional impairment, and that activities should be relevant to the specific needs, interests, culture and background of the individual for whom they are developed.
 - Monitor and evaluate the patient’s response.
 - Revise the approaches as appropriate.

References are available from the author upon request.

Key Findings: Challenges and Recommendations of Providing Activities Programs in Hospital Swing Beds Versus Nursing Homes

Challenges Compared to Nursing Homes

- Smaller population
- Patients have different needs
- Lengths of stay can be short
- Patients tend to be more ill
- Patients usually undergoing extensive therapy – consumes time and energy
- (Seild & Moomaw, 1993)

Recommendations

- Design therapeutic activities program that are sensitive to patients’ diversity (Voelkl & Aybar-Damali, 2008; Gist & Hetzel, 2004) and that meets their individual needs/problems
- Designate qualified individual to be responsible for activities program (Seidl & Moomaw, 1993)
- Ensure activities program is supported by Administration (Seidl & Moomaw, 1993)

Activity Program Recommendations



Austin & Crawford, 1991; Elliott & Sorg-Elliott, 1991; Hammill & Oliver, 1980; Hawkins, May & Brattain, 1996; Howe-Murphy & Charboneau, 1987; Kraus & Shank, 1992; O’Brien, 1982; Seidl & Moomaw, 1993; Thews, Reaves & Henry, 1993

Practice Implications: Next Steps

