Recommendations for the Provision of Patient Activities

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**Introduction**

Federal Code § 483.645 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:

- Improved Physical Health (37 sources)
- Increased Social Network (13 sources)
- Improved Mental Health (20 sources)
- Enhanced Self-Esteem (8 sources)
- Increased Control/Independence (9 sources)
- Improved Quality of Life (15 sources)
- Improved Cognitive (15 sources)
- Increased Self-Determination/Expression (6 sources)
- Improved Positive Affect/Decreased Stress (46 sources)

**Definitions of Activities**

1. “Activities” refer to any endeavor . . . in which a patient participates that is intended to enhance health's 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 moderate 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.

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

<table>
<thead>
<tr>
<th>Challenges Compared to Nursing Homes</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>• Smaller population</td>
<td>• Design therapeutic programs that are sensitive to patients' diversity (Voelkl &amp; Aybar-Osma1i, 2008; Gist &amp; Hetzel, 2004) and that meets their individual needs/problems</td>
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<td>• Patients have different needs</td>
<td>• Designate qualified individual to be responsible for activities program (Sieidl &amp; Moomaw, 1993)</td>
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<td>• Lengths of stay can be short</td>
<td>• Ensure activities program is supported by Administration (Sieidl &amp; Moomaw, 1993)</td>
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<td>• Patients tend to be more ill</td>
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<td>• Patients usually undergoing extensive therapy – consumes time and energy</td>
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**Activity Program Recommendations**

- Assess patient’s needs, interests and motivations
- Review assessments done by others in care team
- Design activity intervention plan
- Implement activity intervention plan
- Evaluate outcome

**Practice Implications: Next Steps**

- Evaluate current activities program to determine if it is meeting patients’ needs according to the research
- Implement the evidence-based activity program recommendations that are feasible
- Determine resources needed to implement evidence-based activity program recommendations that are not feasible
- Pursue funding and other resources necessary to implement a comprehensive evidence-based activity program that meets the diverse needs of patients

References are available from the author upon request.