**The Road to Person-Centered Care**

**Determining the Direction of the Life Enrichment Department**

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With the increased focus on individualized “person-directed” care by both regulatory and advocacy groups, several critical components have emerged that impact the work of the life enrichment program. Implementation of a life enrichment program must address the following 3 critical components of the “culture change movement” <https://www.nextavenue.org/improve-nursing-homes/>

1. Individual choice and control

* Meaningful use of leisure time
* Implementation of daily schedules of life long habits and routines
* Recognition of individual lifestyle patterns
* Promotion of dignity, purpose and contribution

1. A home environment or appropriate “activity environment”

* Small interactive environments, both formal and informal
* Spontaneous involvement
* Resident and family hosted events
* Authentic environments using meaningful artifacts

1. Nurturing relationships

* Know the person, reinforce identify
* Build rapport and trust
* Validate life patterns and themes
* Engage staff, residents and families to “build community”

**Planning for a changing direction: Keeping Pace in a Rapidly Evolving Paradigm Shift**

The activity program is like a kaleidoscope. When you examine a kaleidoscope, you see the following attributes:

* + It is always changing
  + Each pattern is a unique grouping
  + The patterns consist of different shapes
  + The patterns are never the same and just one piece creates a different image
  + Some patterns are more interesting or attractive than others
  + To make new patterns there must be energy or movement from an outside force

The life enrichment program is continually evolving and changing as well. Each group is unique and has its own image. Each time a group gets together a new pattern emerges and some programs are more attractive to a person than others. For a new program to be created action is required from the activity department. Keeping pace in a continually changing environment is a challenge for the activity professional.

Each day the activity professional must plan for the present and look for ways to rearrange old ideas into new patterns and create new programs in the changing environment. The first step of the planning process is research and fact finding . “Effective information gathering is the most basic perspective-widening tool an effective leader requires.”( MindTools p 108.) By keeping abreast of current trends, gathering facts and studying different opinions within the long-term care industry, the activity professional will be able to make better decisions. Prioritizing the implementation of new programs that support organizational goals and marketing strategies will also promote the value of the activity department.

Consider the following example

You have been asked to present your ideas for new programs that you will implement in the next year. Your company has voiced concerns that “we need to keep up” with the changing market.

***How can you twist or rearrange current programs to “fit” or align with trends and new care practices? What new programs can be implemented?***

The **following 8 trends** are influencing the direction of activity programs and must be addressed.

**1. Inclusion of Technology**: How will you integrate technology such as You Tube, Google Maps, Smartphone APPS, Blogs or video conferencing into ongoing programs? What new program ideas will be created based on the availability of technology? What virtual programs will be offered? How will you use virtual volunteers?

**2. Increased numbers of Alzheimer’s and Dementia**: How will you develop programs based on individual strengths and abilities? What programs will you implement that use the creative abilities such as poetry, story- telling, painting or sculpture, music and creative movement? What model of programming will you use? (Montessori based approaches, Best Friends Model, BASICS Model). What programs will be implemented that focus on persons with mild cognitive impairment such as “Trailblazers.” (Early dementia support group)

* 50% of nursing home residents are over 85, 50% also have dementia. In assisted living residences 23-42% have moderate dementia, with 8% having severe dementia. (Gerontologist 2013).
* CMS developed a national partnership to improve dementia care and optimize behavioral health. CMS hopes to reduce unnecessary antipsychotic medication use in nursing homes and eventually other care settings as well. The systematic process CMS will use includes “try environmental and other approaches that attempt to understand and address behavior as a form of communication in persons with dementia and modify the environment and daily routines to meet the person’s needs.” The partnership promotes a multi-dimensional approach: Rethink-Reconnect-Restore.
* <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-Dementia-Care-Resources>
* Quality of Life for dementia residents is a focus of research. Defining QOL and determining reliable measures for this is the focus of the recent issue of The Gerontologist entitled “Dementia Care and Quality of Life in Assisted Living and Nursing Homes.” <http://www.alz.org/national/documents/grnt_all.pdf>
* Recent research in the area of brain “neuroplasticity” has shown that the “brain retains its natural plasticity throughout life.” Neuroplasticity is defined as the *capacity of* [*neurons*](http://www.merriam-webster.com/concise/neuron) *and neural networks in the* [*brain*](http://www.merriam-webster.com/concise/brain) *to change their connections and behavior in response to new information, sensory stimulation, development, damage, or dysfunction. (Webster.com)*

Brain imaging techniques have enabled researchers to identify different brain areas that are used by different types of thinking and tasks. Not all brain activity exercises the brain in the same way. Brain fitness exercises must be designed to engage in new experiences, plan ahead, use spatial and reasoning skills and coordinate multiple regions of the brain. Research has provided insight into the abilities of the creative brain and how to use art, music, poetry and expressive activities for people with Alzheimer’s Disease. <https://totalbrainhealth.com/>

**3. Focus on the Wellness Model**: How are you addressing the 6 Dimensions of Wellness ?(Dr. Hettler) Is your exercise program changing to reflect the *Worldwide Survey of Fitness Trends of 2012* (Dr. Walter R. Thompson)? How are you integrating the new research on brain fitness into your existing program? <https://nationalwellness.org/resources/six-dimensions-of-wellness/>

* Studies of longevity and successful aging have identified important links between lifestyle choices and wellness. Integrating dimensions of wellness into aging communities is a focus. [www.bluezones.com/live-longer/power-9](http://www.bluezones.com/live-longer/power-9)

**4. Expanded Growth of Generational Cohorts**: How is the program accommodating people from perhaps 4 generations? (GI, Silent, Baby Boomer, Gen X)

* One in every 8 Americans is over the age of 65. The over 85 group numbers 5.6 million and the 100+ age group is over 64,000.

• 78% of those 65+ have a high school education as compared to 28% in 1970. 21.7% have a bachelor’s degree or higher

**5. Focus on the Short-Term Rehab Client**: How is the program aligning with other therapies to implement programs? What programs can be developed to promote partnerships that will support return back into the community?

**6. Renewed interest in “Quality of Life at the End of Life**”. What programs can be developed to serve the family, as well as the resident?

**7. Growth of the Minority Elder Population**: The minority elder population (65+) has increased from 16.3% in 2000 to 23.6% in 2020 (estimated). The highest growth is in the Hispanic elderly population

**8. Emphasis on Spontaneous and Individualized Activities**: What can be implemented that will encourage spontaneous involvement and social engagement? How can concepts of “Culture Change” and “Person Centered Care” be integrated into existing programs? How can activities promote the individual routines and lifestyle preferences of the person? How can the community reflect the essence of home?

Complete the following ***Life Enrichment Department Survey*** to identify practices/programs that you would like to implement in the next 1-2 years.

Analyzing the Program: Activity Department Management Survey

1. How do you use resident and family satisfaction surveys to help guide your program decisions?
2. What percentage of “appropriate” residents are involved in the resident council?
3. How many residents are engaged in activity interactions (group) in a week’s time?
4. What are the 5 greatest strengths of the program?
5. What are the top 3 areas for program development? (What’s on your wish-list?)
6. In a “perfect activity world,” what supplies, and equipment would help you do your job more effectively?
7. Which of the following practices have been implemented at this community? Which practices would you like to see implemented?
   1. Resident rooms are personalized. (Staff and visitors can tell the likes and interests from observation)
   2. Resident doors and entry ways are personalized
   3. The art that is displayed is reflective of resident’s culture
   4. Gardens/outside areas can be seen from resident rooms. (seating is purposeful)
   5. Raised bed gardens are available for resident and family use
   6. Plants are available for use in rooms by “short term rehab residents”
   7. Outdoor areas include walking paths, sensory routes, bird watching
   8. Space is available for coffee bars or smoothie machines etc.
   9. Play areas for children are available, toys are available
   10. Visitation kits or activities are provided for children
   11. Welcome baskets are given to new residents (individualized)
   12. Collectible showcases are available for resident, staff and family use
   13. Computers are accessible for resident use
   14. WIFI is available throughout the community
   15. Virtual programming is accessible in rooms via “in-house broadcast platforms”
   16. Videoconferencing is available for resident and families.
   17. You Tube videos, APPS, Google maps and images are used for individualized programs
   18. Tablets are available for use with residents by staff and families.
   19. Fresh fruit is available for resident and staff use
   20. Fresh flowers are placed throughout the facility on a regular basis
   21. Community scrapbooks are on display (or digital frames)
   22. Activity space is well designed (screens, color, table coverings, decorations)
   23. Beauty and barber shop areas are designed for socialization
   24. Reading material is available throughout the community (on tables, magazine racks)
   25. Program schedules, calendars are presented in a homelike/artistic format
   26. The newsletter is “resident friendly” and appeals to their interests and abilities
   27. Birthdays of each resident are celebrated on an individual basis.
   28. “Celebration” services are available to families if desired. (at a cost to them)
   29. Memorial procedures are in place to help residents and staff with grief
   30. Alternative therapies are part of the program (aromatherapy, Tai Chi, Yoga etc)
   31. Dining experiences are enhanced to promote socialization
8. As an activity department manager, what program area would you like to learn more about?
9. What is the greatest training need you see for the “caregiving” staff?
10. What is the biggest obstacle for providing person—centered care?
11. List the top 5 objectives that you would like to accomplish in the next year. Pay particular attention to those objectives that will move you in the direction of person directed care: *increased choice and voice, the environment of home and nurturing relationships*.
    1. Do you want to pay particular attention to the individual habits and lifestyle choices of the residents?
    2. Do you want to develop more meaningful relationships between caregivers and residents?
    3. Do you want to strengthen the bonds between families and residents?
    4. Do you want to create purpose for the residents living in the facility?
    5. Do you want to be more a part of the outside community?
    6. Do you want more spontaneous involvement and increased small group interaction?