



40-Hour Basic Course For Activity Directors

If It Isn't Written Down... It Didn't Happen

Activity Documentation, MDS, RAPS

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Administrator, BeeHive Homes of Albuquerque

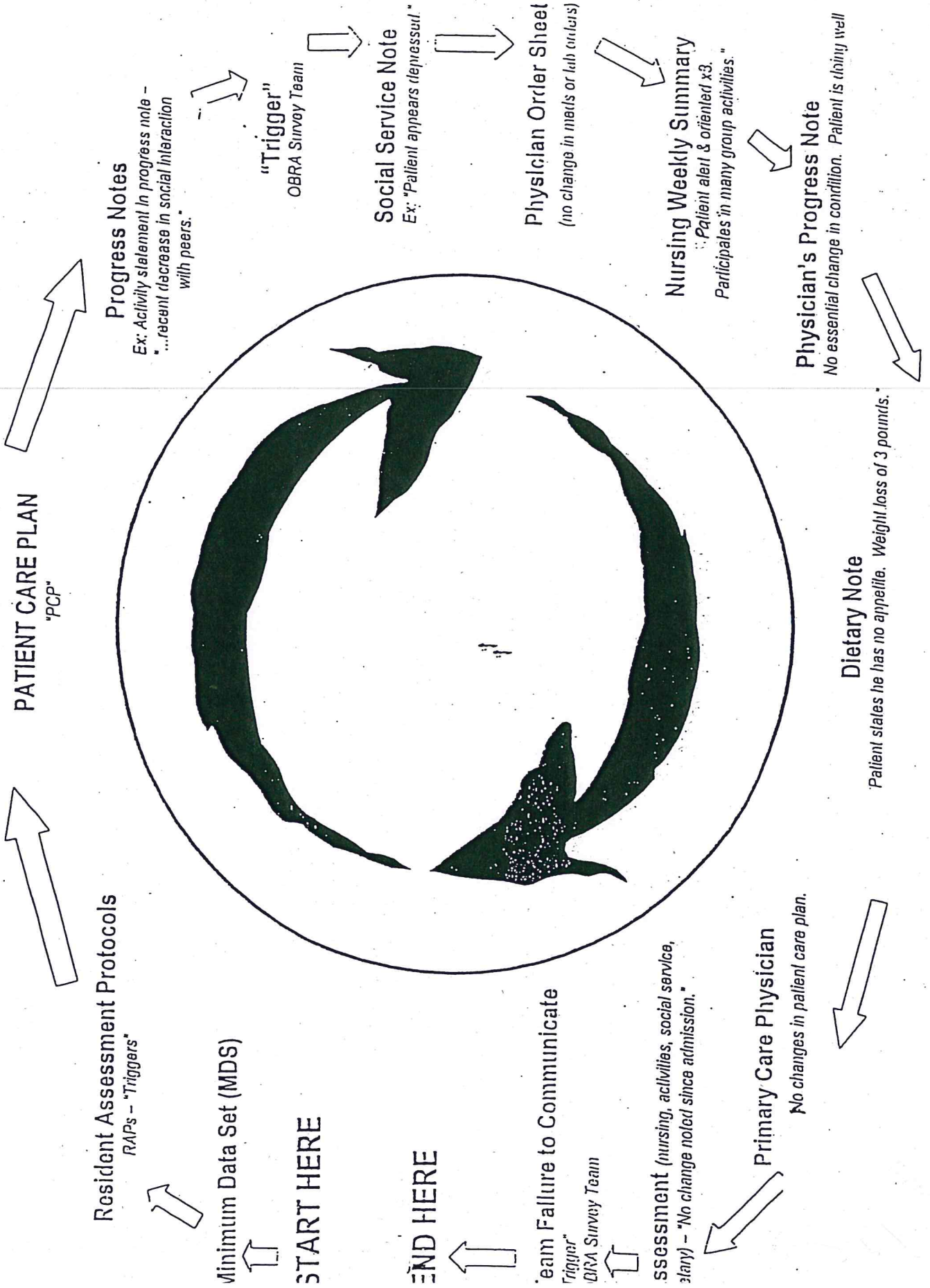




**Activities
Development**



The OBRA Circle







DOCUMENTATION

If it was not written down....

It never happened

Evie Nottingham, ACC

Administrator



DOCUMENTATION QUESTIONS

1. From the day of admission, how many days do you have to complete the Activity Assessment?
2. From day of admission, how many days do you have to complete the MDS?
3. From the day of admission, how many days do you have to complete the CAA?
4. From the day of admission, how many days do you have to complete the RCP?

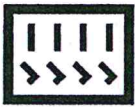
5. What does CAA stand for?
6. What does RCP stand for?





FIVE PARTS OF DOCUMENTATION

- The initial Activity Assessment
- The Minimum Data Set (MDS)
- The Resident Care Plan (RCP)
- The Attendance/Participation Log
- The Quarterly Assessment Note



HOW THE PARTS MUST INTERRELATE

1. The assessment is to be done thoroughly with supporting information not only from the resident but to include the resident's family and/or friends and staff from all three shifts.
2. The MDS is to be completed at a team meeting so that all of the disciplines agree on the information recorded on this form for each individual resident.
3. The information written in the care plan must be derived from and supported by the initial Activity Assessment and the MDS.
4. The Attendance/Participation log entries reflect the current interests that are identified on the initial Activity Assessment and/or in the Quarterly Progress Note.
5. The Quarterly Progress Note summarizes the resident's involvement in activities, how they spend non-structured time, and their response in activities.
6. It also should include their progress toward the goal which is stated in the RCP and what the next quarterly goal will be.

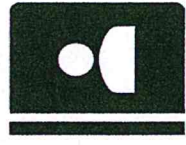
INTRODUCTION

- Activities – The primary purpose of an activities program is to create opportunities and reasons for a person affected by a condition requiring long term care to exercise abilities and continue life tasks which he/she previously took for granted.



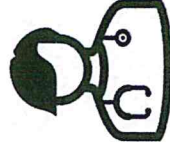
- To offer quality of life and purpose.





PHYSICIAN ORDERS

- Nurses obtain orders upon admission. – AD's are responsible to see that orders are obtained. Current and in the resident's chart.
- Activity order – Activities as tolerated, initial order
- Activity plan read and approved as not in conflict with treatment plan, next order after the plan is written reviewed 30 days and 90 days.
- Physician order for resident to go out of the facility.
- Required to partake in alcohol beverage.
- Required for resident to participate with in-house volunteer program.



THE ASSESSMENT TOOL

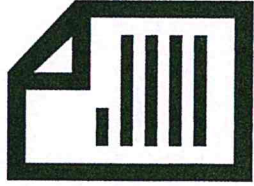
1. Definition of Assessment or a history of life-style: a systematic collection of pertinent information that is used to determine a resident's current status.
2. Begin the assessment within 24 hours of the resident's admission.
3. It is to be completed within 7 days of resident's admission date.

Information is to be gathered from the resident's interview

- Chart review
- Talking to family/friends
- Staff within your community from all shifts.

HINTS FOR A SUCCESSFUL ASSESSMENT

- Explore interests in-depth
- Use an easy conversational approach
 - Do not use, “Unable to determine”
- Explain if no family/friends can be reached or if the
 - resident is not able to provide the information.



INCLUDE IN ASSESSMENT

1. Mental Status – orientation, attention span, following directions, memory, awareness, emotional status, insight into illness
2. Social History – Previous living situation, organizations they belonged to , religious affiliations, occupation/trades, etc.
3. Interpersonal aspects – conversation, eye contact, spontaneity, self-concept, cooperation.
4. Medical problems – diagnosis, vision, hearing, speech, limitations, diet, and allergies.
5. Physical functioning – hand/arm use, endurance, ambulatory/WC bound, self-care status, use of adaptive aides, right of left side weakness.

INCLUDE IN ASSESSMENT

6. Adjustment to placement (first time only) how did they do over the course of three months.
7. Resident's current Interest and needs – what has been their normal/average daily routine (weekly or monthly) through exploration of leisure time activities, group, independent, 1:1, hobbies, interests, etc.

Write a narrative note to substantiate the personal plan of care.

Include any additional pertinent information

Use quotes by the resident or family/friends

Don't repeat what has already been stated on the activity assessment

Writing Effective Care Plans: Components of a Psychosocial/Mental Status Care Plan

■ **PROBLEMS/NEEDS/STRENGTHS**

The assessment should clearly indicate the resident's problems and/or needs.

The care plan "problem statement" should document exactly what you **SEE** and/or **HEAR**.

Avoid generalities, labels and diagnoses at all costs unless you also add the words, "AS EVIDENCED BY..." After these three words document specific problems and/or needs.

Document how **OFTEN** a behavior occurs. Document **REASONS** (why? or due to..., appears caused by...). Utilize the individual's **strengths** as appropriate when formulating the "problem statement"

■ **GOALS**

Goals always begin: **Resident will...**

The **goal** must be **behavioral** and **observable**. In other words, the resident will do something that you can clearly see and/or hear in order to meet the goal (keep the goal **simple** and **concise**, whenever possible).

The goal must be **measurable**. You need to be able to read the goal and then observe the resident and know immediately if he/she has met the goal. Example: "The resident will verbalize how he feels about placement, 2x/week during group by 9/23/93"

The goal must be **specific** and **realistic**. The resident is expected to complete one clear, specific task. The goal must be within the reasonable functioning level of the resident. For example, a resident who often displays agitated and aggressive behavior would not be expected to "co-lead the group session for five minutes."

The goal should ideally result in some measurable quality of life and/or functional improvement.

■ **INTERDISCIPLINARY APPROACHES**

The first approach should be the Psychosocial/Mental Status program or structured counseling session that the resident is involved in. For Example, "**Expression and Interaction Group** 3x/week."

Approaches need to be specific as to:

- What exactly the staff will do to assist the resident in meeting the goal.
- What will be done and what supplies will be used (props/techniques) during group and/or 1:1 sessions.
- Who will be using (offering) the approaches/interventions (what disciplines are involved).

■ **ANATOMY OF A PSYCHOSOCIAL GOAL**

Any well written goal has FIVE very distinct parts. For purposes of discussion let's look at the following goal:

The resident will verbalize what he accomplished in workshop 2x/week during the Socialization group and/or when asked by staff by 3/23/94

The goal must cover WHO, WHAT, WHEN, HOW OFTEN and BY WHEN

WHO = The resident...

WHAT = "verbalize what he accomplished..." What is always an ACTION . The action verb is *verbalize*.

WHEN = "during group and/or when asked by staff..." When is the period of time we are most interested in. This information will be reflected in your progress notes.

HOW OFTEN = "2x/week..."
This is the "measuring stick" part of the goal. In order to successfully meet this goal, the behavior (see "WHAT") must be performed/demonstrated "2x during the week."

BY WHEN =
"By when" simply limits the "lifespan" of the goal to a specific time period. The timespan cannot exceed 3 months (90 days).

■ **ACTION VERBS FOR PSYCHOSOCIAL/MENTAL STATUS GOALS**

Actively participate in..., Answer, Assist, Choose, Close, Complete, Create, Decide, Discuss, Draw, Escort, Explain, Express, Extend, Help, Identify, Inform, Introduce, Join, Lead, Locate, Look, Make, Name, Open, Perform, Place, Plan, Question, Raise, Reach, Read, Remove, Replace, Respond, Say, Select, Shake, Share, Share, Sing, Speak, State, Suggest, Take, Teach, Throw, Use, Verbalize, Verbally interact, Work on..., Work with..., Write.

Minimum Data Set (MDS)

- Minimum set of screening and assessment elements, including common definitions and coding, categories, needed at assess comprehensively an individual nursing home resident.
- You will also utilize an additional interest profile and a narrative initial note.
- It is an interdisciplinary tool
- IDEALLY – Each discipline will be asked to look at the resident.
- The team will then fill out the MDS so it shows a consistent picture – each section will have input from each of the team members.
- You will sign the MDS
- Section “F” is to be completed by the Activity Staff (AD)



Elements of a Comprehensive Assessment

physical	Diagnoses that limit resident function, such as cardiac dysrhythmias, hypertension. Unstable/acute health conditions.
functional	Ability to walk, wheelchair dependence, bedfast, loss of hearing, visual problems, amount of time awake.
mental acuity	Cognition, short or long term memory loss, length of attention span, ability to communicate needs.
social	Preferences regarding group activities, social interactions skills.
psychological	Signs of distress, unsettled relationships, Sadness over lost roles/status, inappropriate behavior, withdrawn.
recreational	Past likes and interest. Expressed interest in more or different activities, little or no interest in diversional activities.
spiritual	Religious affiliations, meditation, reflection.
cultural	Ethnic customs, educational level, family, occupation.



RECREATIONAL SERVICES ASSESSMENT

Initial
 Annual
 Change of Condition
 Readmission Date _____
 Readmission Date _____

RESIDENT PROFILE

Admission Date _____ Birthday _____ Age _____

Diagnosis _____

Prefers to be called _____ Visitors _____

Religion _____ Cultural Background _____

Occupation _____ Marital Status _____ Children _____ Grandchildren _____

Years of School _____ Resident's Hearing _____

Travels _____ Drive Own Car _____ Resident's Eyesight _____

Hand Dominance _____ Resident's Speech _____

Special Diet _____

Prefers: Group Individual Own Room Activity Room Inside Facility Outside Facility Other _____

Resident is: Ambulatory Walker Wheelchair Cane Alert Confused

Registered Voter: Yes No
 Veteran: Yes No
 Rank _____ Branch _____ War/Battle _____

ACTIVITIES OF INTEREST *(Indicate Past and Present)*

Past Pres. <input type="checkbox"/> <input type="checkbox"/> Crafts/Ceramics _____ <input type="checkbox"/> <input type="checkbox"/> Continuing Education _____ <input type="checkbox"/> <input type="checkbox"/> Current Events _____ <input type="checkbox"/> <input type="checkbox"/> Animal Visits _____ <input type="checkbox"/> <input type="checkbox"/> Children _____ <input type="checkbox"/> <input type="checkbox"/> Church Services _____ <input type="checkbox"/> <input type="checkbox"/> Gardening _____ <input type="checkbox"/> <input type="checkbox"/> Woodworking _____ <input type="checkbox"/> <input type="checkbox"/> Walking/Wheelchair Outdoors _____ <input type="checkbox"/> <input type="checkbox"/> Picnics _____ <input type="checkbox"/> <input type="checkbox"/> Music _____	Past Pres. <input type="checkbox"/> <input type="checkbox"/> Bingo _____ <input type="checkbox"/> <input type="checkbox"/> Books _____ <input type="checkbox"/> <input type="checkbox"/> Communion _____ <input type="checkbox"/> <input type="checkbox"/> Parties _____ <input type="checkbox"/> <input type="checkbox"/> Card Games _____ <input type="checkbox"/> <input type="checkbox"/> Volunteering/Helping Others _____ List volunteer experiences: _____ <input type="checkbox"/> <input type="checkbox"/> Discussion/Conversation _____	Past Pres. <input type="checkbox"/> <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> <input type="checkbox"/> Table Games _____ <input type="checkbox"/> <input type="checkbox"/> Television _____ <input type="checkbox"/> <input type="checkbox"/> Outdoor Trips _____ <input type="checkbox"/> <input type="checkbox"/> Cooking _____ <input type="checkbox"/> <input type="checkbox"/> Social Hour _____ <input type="checkbox"/> <input type="checkbox"/> Needlework _____ <input type="checkbox"/> <input type="checkbox"/> Read/Write _____ <input type="checkbox"/> <input type="checkbox"/> Contests _____ <input type="checkbox"/> <input type="checkbox"/> Art _____	Past Pres. <input type="checkbox"/> <input type="checkbox"/> Dancing _____ <input type="checkbox"/> <input type="checkbox"/> Word Games _____ <input type="checkbox"/> <input type="checkbox"/> Bible Study _____ <input type="checkbox"/> <input type="checkbox"/> Coffee Klatch _____ <input type="checkbox"/> <input type="checkbox"/> Exercise _____ <input type="checkbox"/> <input type="checkbox"/> Hymn Singing _____ <input type="checkbox"/> <input type="checkbox"/> Movies _____ <input type="checkbox"/> <input type="checkbox"/> Shopping _____ <input type="checkbox"/> <input type="checkbox"/> Other _____
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Willing to participate in Wellness Program? Yes No

Organizations/Associations _____

Accomplishments/Skills/Hobbies _____

APPEARS TO NEED

<input type="checkbox"/> Reality Orientation/Validation	<input type="checkbox"/> Trusting Interpersonal Relationships	<input type="checkbox"/> Emotional Support	<input type="checkbox"/> Physical Exercise
<input type="checkbox"/> Creative Expression	<input type="checkbox"/> Socialization	<input type="checkbox"/> Remotivation	<input type="checkbox"/> Need to Feel Useful
<input type="checkbox"/> Individual Attention	<input type="checkbox"/> Peer Relation	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sensory Stimulator	<input type="checkbox"/> 1:1 Activity		

ACTIVITY PLAN

Goals _____

Approaches/Interventions _____

THE RESIDENT HAS BEEN HAS NOT BEEN INVOLVED IN THE DEVELOPMENT OF THIS PLAN.

Signature _____ Title _____ Date _____

QUARTERLY

1st Qtr. Signature _____ Date _____ 3rd Qtr. Signature _____ Date _____

2nd Qtr. Signature _____ Date _____ See Standing Physician's Orders for Specific Activity Participation Orders

(Changes indicated in PN)

Last Name _____	Middle Initial _____	Room Number _____
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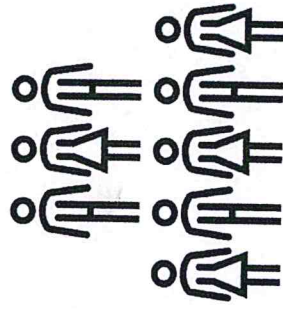
Depending on your community, you as the Activity Professional may be responsible for other sections.

Each facility will conduct the completion of the MDS differently!

The Suggested Core Team Members are;

RN Assessment Coordinator, Charge Nurse, CNA, Activity Director, Social Service Director, Dietary Supervisor, and Therapy.

Resident and their family/friend



SECTION A Identification Information

A1100: Language

Enter Code

A. Does the resident need or want an interpreter to communicate with a doctor or health care staff?

0. No
 1. Yes → Specify in A1100B, Preferred Language
 9. Unable to determine

B. Preferred language:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION B Hearing, Speech, and Vision

B0700: Makes Self Understood

Enter Code

Ability to express ideas and wants, consider both verbal and non-verbal expression

0. Understood
 1. Usually understood – difficulty communicating some words or finishing thoughts but is able if prompted or given time
 2. Sometimes understood – ability is limited to making concrete requests
 3. Rarely/never understood

SECTION C Cognitive Patterns

C0100: Should Brief Interview for Mental Status (C0200-C0500) be Conducted? – Attempt to conduct interview with all residents.

Enter Code

0. No (resident is rarely/never understood)
 1. Yes → Continue to C0200, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C0200: Repetition of Three Words

Enter Code

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."

Number of words repeated after first attempt

0. None
 1. One
 2. Two
 3. Three

After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

C0300: Temporal Orientation (orientation to year, month, and day)

Enter Code

Ask resident: "Please tell me what year it is right now."

A. Able to report correct year

0. Missed by > 5 years or no answer
 1. Missed by 2 - 5 years
 2. Missed by 1 year
 3. Correct

Enter Code

Ask resident: "What month are we in right now?"

B. Able to report correct month

0. Missed by >1 month or no answer
 1. Missed by 6 days to 1 month
 2. Accurate within 5 days

Enter Code

Ask resident: "What day of the week is today?"

C. Able to report correct day of the week

0. Incorrect or no answer
 1. Correct

C0400: Recall

Enter Code

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

A. Able to recall "sock"

0. No – could not recall
 1. Yes, after cueing ("something to wear")
 2. Yes, no cue required

Enter Code

B. Able to recall "blue"

0. No – could not recall
 1. Yes, after cueing ("a color")
 2. Yes, no cue required

Enter Code

C. Able to recall "bed"

0. No – could not recall
 1. Yes, after cueing ("a piece of furniture")
 2. Yes, no cue required

C0500: SUMMARY SCORE

Enter Score

Add scores for questions C0200-C0400 and fill in total score (00 - 15)
 Enter 99 if the resident was unable to complete the interview

BIMS Score can be interpreted as follows:

13-15 Cognitively intact
 8-12 Moderately impaired
 0-7 Severe impairment

Refer to RAI Version 3.0 Manual pages C-1 through C-15 for coding guidelines and time frame for interview completion.

Interview Conducted By		Title	Date
Resident Name	ID #	Room #	Physician

m # CP3000 (Rev. 08/10)

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