

**Responding to the Needs of Residents – a Proactive and Holistic Approach
LBHH Family Council Survey Results Analysis**

Category	Could Do More (Respondents)	Suggestions (Respondents)	Comments/ Recommendations (FC)	Recreation Department Interventions
Activities	<p>- Proactive in introducing activities and programs</p> <p>- Being proactive in getting my wife to activities</p>		<p>- Proactive means to take control and make things happen rather than just adjusting to situation or waiting for something to happen.</p>	<p>PROACTIVELY INTRODUCING ACTIVITIES & PROGRAMS:</p> <ul style="list-style-type: none"> • Monthly Event Calendars are printed and posted throughout facility in all nursing units and in public spaces/areas. • Daily schedules are posted in all areas (nursing units and in public spaces) providing a snapshot of the day’s scheduled events. • Individual enlarged monthly calendars and daily schedules are available for residents at the Reception desk for those wishing a personal copy for their room. • Monthly calendars are also available on the LB website for families/others (*This has been d/c during the past 3 months due to significant staffing changes within the department that affect daily schedule as Rec team is deployed to other areas to support other departments during COVID-19. • Residents are well-supported with recreation team members knocking on doors, inviting and assisting residents to/from the program area. • Verbal Cues: Residents are personally invited to programs & events and are reminded of upcoming schedules activities. • Assistance to Programs: Residents who require assistance or support are portered/ escorted to and from programs. • Visual Cues: Posters indicating program name, start time and room capacity numbers (for physical distancing) are placed along each room perimeter on easels (or external doorframe) announcing which program is currently happening. • Recreation team utilize the care plans and individual assessments as guides to indicate which residents should be attending programs.

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			<p>- Consider anticipating the needs of residents when they can no longer interact with friends and family.</p>	<p>ANTICIPATING THE NEEDS OF RESIDENTS:</p> <ul style="list-style-type: none"> The recreation team are skilled, academically trained professionals who are proficient at identifying and anticipating residents’ needs. The team utilizes a range of tools and interventions, including observational assessment, knowledge sharing and academic training to understand and interpret individual need. This includes: <p>THE LEISURE ASSESSMENT:</p> <ul style="list-style-type: none"> The Recreation Therapists (RT) meets with every resident within 7 days after admission and compile information that leads to the creation of an individualized leisure assessment. (This is an organizational requirement and becomes part of the resident’s chart within PCC (Point Click Care). Within each leisure assessment, the RT’s develop a plan with specific goals and objectives that are individualized to each resident. A formal CARE PLAN is created from the leisure assessment and residents are referred to specific and recommended programs and activities that are prescriptive and are designed to meet the identified goals and objectives. Within the Care Plan, the RT’s may make recommendations for modifications required within an existing program or may create new programs designed to meet the needs of a particular resident. For continuity of care, the Care Plan and suggested interventions are shared with others on the Rec team as well as with others on the multidisciplinary care team. <i>*This information is shared with other</i>
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				<p><i>members of the recreation team as they are also responsible for program delivery. Their input is highly valued and they play an integral role in the development of programs and services delivered by the team.</i></p> <ul style="list-style-type: none"> • Every resident’s Care Plan is reviewed quarterly or if a resident has a change in health status. Adjustments and recommendations in the care plan are made to reflect and support this change in status. *This review is also part of an ongoing process as team members share and report observations and document in the progress notes within the electronic chart. • The R.T’s, designated as the reporting voice of the Recreation team attend care conference (the Resident Annual Review) to share their professional perspective. It is an opportunity to share data that relates to the resident’s wellbeing and their attendance and level of engagement in programs and activities during that reporting period with the families/NOK attending the care conference. The report includes a range of information relating to the health and well-being of each individual resident from a recreational perspective. • The RT’s compile the reporting data from a range of resources, including the Multi-Month Participation Report which provides documentation specific to each resident’s involvement and level of participation in programs and activities. This includes the programs attended (how many and which programs each month), their attendance and if not attended, if their absence relates to sleeping, being unwell or choosing not to attend (refusal).
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				<ul style="list-style-type: none"> • The entire Rec team supports the data collection process and are each responsible for reporting daily statistics for every program they facilitate on a daily basis: Objective criteria relating to who attended a program, how engaged were they, how long did they participate program evaluation /feedback, etc is documented. • The Multi-Month Participation Report includes classified realms (physical, intellectual, emotional, social or spiritual programming) that the resident has participated in during that month of programming, as well as the time of day the activities were chosen and if the activity was self-directed or formal/regular programming. This data collected also assists the RT's and the team as a whole in finding THE best time for a particular program or activity as well as THE best program or activity for them. • The Multi-Month Participation Report is also an opportunity for formal program evaluation and assists the team in identifying whether the needs of residents are being met within the programming offered and guides them in making the necessary and required changes. Program Evaluation is ongoing and programs are modified and/or removed from the rotation if deemed to not be meeting the needs of the ever-changing population The program evaluation process is also a formal opportunity to review intervention techniques and strategies to ensure that how we engage with each resident is based on best practice and is personalized/tailored TO them in a way that supports their wellbeing. • Collaboration is important: Rec team regularly collaborates with care teams and the interdisciplinary team as the open communication
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				<p>provides holistic and supportive care to the residents. An example includes communicating a resident’s desire to attend a specific program which may mean their preference to have their shower day changed so they can participate in a special event. Communication within teams is essential to ensure that a resident is ready (up and dressed) so that they can attend a specific program. Alternatively, Recreation can communicate the best time of day for a resident to attend a program. This also assists the team in creating the actual schedule of programs; If we know a resident who expresses an ardent interest to attend a program but can’t because the program is only offered in the morning – a time that may be inconvenient for the resident, we will look at alternative timeframes to offer the program or offer it twice/day to support individuality.</p> <ul style="list-style-type: none"> • Spiritual Care: -The Chaplain is also required to meet with every resident shortly after admission and complete a Spiritual Care Assessment. This tool assists the Chaplain in determining if a resident is in spiritual distress, requires ongoing or intermittent support/intervention. The Chaplain will also identify what programs or services that will be of benefit to each resident. <hr/>
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			<p>- Consider giving each resident at least 5 minutes social attention rather than or as an alternative to group activity.</p> <p>Ensure an activity at some level (even social interaction) is provided to each resident daily</p> <p>- Need more one-on-one time between recreation people and all individual residents.</p>	<p>In conjunction with formal group activities, the Recreation team also provides individualized support to residents throughout the day. These informal opportunities include but are not limited to the following:</p> <ul style="list-style-type: none"> • Interdisciplinary Portering Support: <ul style="list-style-type: none"> - Members of the recreation team are assigned to provide assistance/support to residents to/from each meal, 6 days/week. - The intention of this supportive measure is to assist any resident in IC who has been observed to be needing this extra support getting to/from the dining room for their meal (either 1st or 2nd sitting) at Breakfast, Lunch and Dinner. - The level of assistance offered can be based on physical, emotional, social or cognitive support required. - The team can monitor residents’ wellbeing throughout the day when the determination can be made for any extra support or other interventions which can be provided –meeting daily social interaction needs. - Rec staff have indicated that portering residents allows for meaningful dialogue and engagement beyond the scope of scheduled programming or prescriptive 1:1 sessions and allows for relationships to develop and to flourish. <p>Informal connections:</p> <ul style="list-style-type: none"> • Outside of formal programs and group activities, the recreation team are highly social and continuously are looking for ways to regularly engage in conversations with residents in hallways, knocking on doors, sitting together in the lobby, sharing a book or a story by the fireplace. - The recreation team inherently understands the value of “community” and the importance and benefits of social interaction and work very hard to support all residents of LBHH.
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				<ul style="list-style-type: none">- The Rehab team and care staff also play a vital role providing social engagement and personal connection to residents throughout the day and as a result, strong bonds are forged. <p>Caring is an organizational phenomenon:</p> <ul style="list-style-type: none">• It should be noted that members in every department at LBHH have developed caring relationships with residents and will take time within their workday to stop and chat and engage with residents.• Every department is part of the care team and their insight and opinions are sought as they are a source of information about a resident’s wellbeing and are advocates for supporting or communicating a resident’s wishes or ideas to others on the team. <ul style="list-style-type: none">- This enhanced care team of interdepartmental support includes housekeeping and laundry teams, Rehab department, maintenance staff, team members from Stores, the Business Office, Executive Assistants, managers and senior leadership.- While the inter-departmental support for residents has been a long-established trend at the LBHH, it is even more prevalent now with COVID-19 guidelines and visitor restrictions in place.- We know COVID-19 has separated families ...and while we know that we cannot replace the love from a family member, we are stepping up and stepping in to provide advanced supportive care in the most remarkable ways to support residents AND their families to ensure that residents are not alone.
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<p>Spend more time with Residents</p>	<p>Take outside so could visit in-person;</p> <p>- Take needs of residents seriously</p> <p>- Socialize with dementia residents</p>			<ul style="list-style-type: none"> • A Resident at Risk task force was established during the summer to address concerns of social isolation as well as to formally identify residents who have been identified as ‘at risk’ for social isolation. • The RT’s generate monthly Resident-At-Risk Reports which are compiled from collected data which identifies residents who receive or attend 3 programs or less in a calendar month. • This report indicates to the Recreation team Residents who are most isolated and an actionable plan which includes a formal visitation schedule is immediately implemented. Members of the Recreation team facilitate the scheduled sessions with these residents daily. • Charting & progress notes are a requirement upon completion of all one-to-one visits. This data provides the data for all of our reporting. It also allows for the sharing of information to other staff members on the interactions employed and what methods should be used to support the individual residents’ needs/goals. • One-to-Ones are regularly scheduled and are provided to all New Admissions as well as to residents who are returning from a hospital admission and are quarantined for the required 14 day isolation period. • Recreation Team has weekly team meetings where individual Residents are reviewed and any follow-up is initiated.
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				<p>COVID-19</p> <ul style="list-style-type: none">• Recreation team are in compliance with all COVID-19 organizational policies and procedural guidelines. This includes ensuring physical distancing and room capacity adherence by limiting attendance numbers to comply with physical distance protocols.• Due to our enhanced infection control practices during COVID-19, gentle touch interventions such as hand massages, mini-manicures and hand-holding are temporarily on hold to reduce the spread of infection and illness.• While PPE are worn by all recreation staff during all programming, and may appear to reduce the personal and up-close engagement and interactions pre-COVID, the team personalizes visits by offering touch and hugs whenever possible.• Our infection control practice has eliminated our ability to use some recreation supplies and music therapy equipment and instruments. That said, the team utilizes equipment and supplies that can be regularly sanitized to ensure that we are reducing the risk of infection/illness. <p>Getting outside:</p> <ul style="list-style-type: none">• Recreation understands the importance of connecting to the outside and natural world and programs run outside regularly (weather permitting). Residents wishing to be outside and needing support to get there are assisted into the Shalom Garden/SCU Garden throughout the year. The benefits of outdoor space is highly valued by the team.
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				<ul style="list-style-type: none"> • Chairs and tables remain in the Shalom Garden all year long and the team works hard to get residents outdoors! • Family members can book window/indoor visits through Reception to visit loved ones in person. • Recreation staff absolutely take the needs of residents seriously; we create informed assessments; develop care plans, revise care plans quarterly and/or as needed; meet annually for care conference reviews and connect with residents daily; We collaborate with the interdisciplinary team to discuss residents’ needs; every single interaction with residents is documented in ActivityPro, our web-based software specific to recreation, and we generate reports for quality indicators with formal discussions on how to improve quality within our discipline in monthly meetings and by regularly creating new departmental goals that align with the mission, vision and values of the LBHH.
			<p>- Provide individual music therapy that reflects a resident’s specific past music interest, experience; E.g. use information acquired during intake/admission and ongoing</p>	<ul style="list-style-type: none"> • Similar to the Recreation Therapist’s Leisure Assessment, the Music Therapist conducts admission assessments specific to each resident to identify specific preferences in music, interests, and past experiences. • The Music Therapist uses this information to create goals for each resident and develops programs to meet the identified needs and tailors musical preferences and genres to specific residents. • The Music Therapist’s assessments is accessible to all care staff in Point Click Care and the information within the assessment and from regular reports from the MT is shared at care conference, (the Resident Annual Review).. • The Music therapist promotes resident engagement by adjusting pitch, tempo, and rhythm to make the music accessible and

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			<p>interaction with individual residents.</p> <p>- Incorporate music daily either individually or in hallways; vital component for mental and physical health</p>	<p>inclusionary to all residents during programs. i.e. “Wake Up to Music” – the song choices are pre-determined by utilizing the music therapy assessments and understanding their individual music preferences to nurture emotional connection, provide opportunities for reminiscing, social interaction, creative self-expression, fostering enjoyment and ultimately, for enjoyment and fun.</p> <ul style="list-style-type: none"> • The Music Therapist provides daily 1:1 and group sessions in both LB and WR that are planned, well-defined and prescriptive. Music therapy programs are designed to support a range of health and wellness issues, including but not limited to: cognition, stress relief, reduce anxiety, depression and agitation, encourage movement, boost self-esteem, assist with grief and loss, connect with others and improve quality of life. • In conjunction with the formal Music Therapy programs, the recreation team collaborates and supports music in every area of the home with a wide range of music-based programming. <p>As a team, we consistently strive to offer a holistic leisure program that supports personal growth and connection, opportunities for self expression, exploration and creativity, physical and spiritual development and support, celebrating life <i>and</i> life-long learning within an environment that supports personhood, dignity, compassion and quality of life.</p>
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