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| Subject: Activity Program | Effective Date:  Revised Date:  Revised Date:  Revised Date: |
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POLICY:

The [program name] is no longer required to provide an ongoing activity program based on a patient's assessment and care plan directed by a type of qualified professional specified based on CMS regulation. However, If the hospital has a patient for an extended period of time then the program is expected to provide an activity program.

When an activity program is offered, the program will provide activities as needed on a mostly individual basis given the short stay of the program, the nature of the program which has the patient involved in medical treatment and/or physical therapies on a daily basis and the most often frequency of visitors during short stay programs.

The patient has the right to refuse participation in activities, but attempts will be made to motivate him/her to do so especially for those in a program greater than 2 weeks, in isolation or have limited visitors.

PROCEDURE:

# The care manager/discharge planner should inform the patient at the time of the patient orientation packet review that there are available activities if they would prefer to have something to do when not in therapy.

# If the patient shows an interest at the time, assess the patient’s activity preferences they like to do when housebound such as: playing cards, reading, puzzles, coloring, painting, dominoes or listening to music, specific TV programs etc. and document outcome in the care plan.

# If the patient does not show interest at the time but staff later identifies a need based on patient’s verbalization of boredom due to down time between medical or physical therapy, the need for medical isolation, limited visitors or length of stay, a short interest/preference interview should be completed by a designated staff member such as the patient’s nurse. The activity choices will be documented in the care plan at that time.

# A discussion at the time of the interview should include a plan as to not only what they are interested in but also what time of the day they would like to have access to such activities if the activity is not left in the patient’s room to be used at their leisure.

# A cart with examples of individual activities (as above) will be available and offered to the patient with interest in activities. The patient’s nurse, nurses’ aid, or other designee such as volunteer who has been oriented to the program, other department staff etc. will be responsible to offer the activities as per care plan.

# Activities may also include ambulating with the patient, [note if outdoor garden area], 1:1 socializing with the patient, reminiscing, reading to them etc. based on what the patient prefers etc.

# Note here if the hospital also has a Nursing Home with activities and the calendar is shared with the SB patients interested in participating in such – if so, note that the patient will be offered to participate in those activities on a daily basis and assisted to attend, if they wish.

# Documentation of activities offered will be made under “Social Activities” in the daily nursing documentation as to what was offered, refused, or participated in as well as an overall documentation of the level of participation on the weekly interdisciplinary documentation form if applicable.