

Activity Programming and Documentation for Dying Residents



Presenter:

Tia Hovatter, MPH, NHA, ACC, CDP, CADDCT

President & CEO

Health Consultants Plus, Inc.

HCP
Health Consultants Plus Inc.

1

Stages of Dying



- Early Stage
- Middle stage (Pre- Active)
- Last stage (Active)

2

Early Stage



- Early stage
 - In the early stage of dying, a patient will begin eating and drinking markedly less. This period can last anywhere from a few days to several weeks

3



Middle Stage

- Middle stage (Pre- Active)
 - The middle stage of dying is marked by changes in the patient's physical appearance that could last a few hours or several days.

4



Late Stage

- Last stage (Active)
 - During the final stage of dying, disorientation and restlessness will grow. There will be significant changes in the patient's breathing and continence.

5



What is "Actively Dying"?

- Coolness
- Increase Sleeping
- Disorientation
- Incontinence
- Respiratory Congestion "Rattles"
- Decrease Appetite
- Decreased Socialization

6

5 Stages of Grief

- Elizabeth Kubler-Ross
 - Shock and Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance

7

What is palliative care?

- Palliative means “concealing or cloaking” which describes specialized care that alleviates extreme pain and suffering.
- Essentially it is comfort care, making the patient as comfortable and pain free as possible.

8

Programming for Dying Residents

- Educate your staff!
- Don't be scared 😊
- COMMUNICATION IS KEY!!!!!!
- Be effective at sensory stimulation:
 - S - Stop
 - T - Talk
 - O - Observe
 - P - Praise and Patience

9

Key Features of Communication

- Appropriate setting
- Be clear about topic and messages
- Acknowledge / Validate /Normalize
- Anticipate concerns-Preemptive
- "Check points" – do they understand?
- The aftermath – follow up, letting others know, where to go from here
- Silence is GOLDEN!

10

Setting is Important

- In person
- Sitting down
- Minimize distractions
- Family/friend may be present



11

Be Clear

- Make sure you're both talking about the same thing
 - There's a tendency to use mild, indirect or vague terms in dealing with difficult matters, such as "pass" instead of "die". This can lead to confusion.

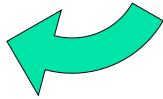
12

Feedback Loop -The response of the patient determines the nature and pace of the sharing of information



Give honest answers only to patient's / families' questions

Check Response: Observed & Expressed



13

Can they hear us? YES



- Hearing is a well-supported sense
- Hearing vs. awareness of presence
- If the working premise is that they can hear, then bedside communication should reflect that
- Encourage ongoing communication with unresponsive patient
- Some visitors and family may wish for private time

14

PROGRAMMING

May

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

15

Sensory Pathways



16

Sensory Pathways

- Touch: Physical touch of objects.
- Smell: Scented objects
- Sight: Use bright colors, patterns, and lights to create a visually stimulating path.
- Sound: Incorporate noise-makers, music, or auditory cues into the path.

17

Programming – Early Stage

- Swaddling
- Running/feet thru sand, grass, water
- Rocking
- Music
- Dim lights
- Guided breathing
- Sensory bottles
- Fidgets
- Buddle
- Drawing/Painting

18

Programming – Middle Stage

- Rocking
- Music
- Guided Breathing
- Bubbles
- Art
- Sensory Box Themes
- Favorite Items
- Snoezelen

19

Programming – Late Stage

- Music
- Quiet Time – Silence is Golden 😊
- Dim Lights
- Visual Props
- Holding Hands
- Light Touch
- Snoezelen

20



21



22



23



24



25



26



27



Sensory Items

- Cognition
- Storage
- Infection Control
 - Cleaning Logs

28



Documentation

- Progress Notes
- Care Plans
 - Problem
 - Goal
 - Interventions
- Room Visits

29



Documentation – Progress Note

Progress Note – Sample #1

Resident Jane Doe was admitted to facility on 5-3-23 with end stage brain cancer. In May she was admitted to hospice services and has experienced a gradual decline in physical and mental status. Prior to decline resident exhibited several behaviors such as; continues yelling, throwing herself on the floor, and hitting other residents during activities, all of which have resolved since her decline. As of this review she is completely bed bound per doctor's orders. She was recently on a feeding tube for a trail period of time; it was removed approximately two weeks ago. Her husband of 45 years visits her daily, her son visiting daily and her daughter on weekends (she lives out of town). She is unable to verbally communicate (rarely or never understood) but will respond to touch and the voices of her family. She has been attending church with her family in the cardiac chair at time per doctors orders. Family reads books, newspapers to her daily. Activity staff provides sensory stimulation with resident three times a week. Care plan reviewed and updated.

30

Documentation – Progress Note

Progress Note – Sample #2

- Resident Jane Doe was admitted to the facility from Hospital yesterday afternoon. She is a 69 year old female from doctorville with end stage pancreatic cancer; she is married with 3 children, all of which live out of town. Jane was admitted to the facility as hospice patient and with comfort measures only. At assessment she was laying in bed no verbal responses (rarely or never understood), no physical responses to touch. Hospice nurse reports that resident is actively in the dying process. Husband and sisters at bedside during assessment, three children are coming in from out of state. Sister of the resident reports that she was diagnosed a little over a year ago and has "went downhill since then". She is a member of the doctorville church of god, explained our chaplain program, family requests a visit. Will make immediate referral to chaplain to visit resident. Sister of the resident states that she was an avid fan of gospel music especially the Gaithers. I offered a CD player and a Gaither CD, family accepted, delivered to room. Explained the facilities activity program, explained activity calendar and invited family to attend any of the activities, and offered any activity supplies for the family to use-resident sister(responsible party) declined at this time. Activity staff to provide in room visits daily and provide family with any reading material, puzzles, ect. Care plan initiated this date

31

Documentation – Care Plan

Sample Care Plan - Actively Dying Resident

Problem	Goal	Intervention
Resident is rarely/never understood.	Resident will actively respond to sensory stimulation during room visits weekly thru next review.	Room visits x3 a week.
Resident non-responsive to verbal stimuli.	Resident will actively participate in room visits weekly thru next review.	Adaptive equipment as needed. Enjoys music – Gaithers Sensory Stimulation as needed.

32

Documentation – Room Visits

Room Visit – 4 Samples

- Room visit conducted this date. Discussed the weather and about her daughter in CA. Resident was tearful when talking about dghts. Infrequent visits. Offered supplies, she declined-----Abby Activity, ACC
- Room visit conducted this date. Sensory boxes of baby items and fruit used. Resident was able to correctly identify most of the baby items and some of the names of the fruit. She was smiling during the visit.-----Abby Activity, ACC
- Room visit conducted this date, he is a retired football coach. Read the sports section of the newspaper, no response from the resident, eyes shut, no physical response-----Abby Activity, ACC
- Room visit conducted this date. Provided books and craft supplies for resident in room. We made a craft door hanger. Encouraged to attend out of room activities-----Abby Activity, ACC

33

Documentation – Room Visits

Room Visit List – Sample

BingoWorld Nursing and Rehab Center
Room Visit List
Updated 2-1-23

Number indicates frequency of weekly visit care planned

- Mickey Mouse -3
- Minnie Mouse-3
- Donald Duck-2
- Bugs Bunny-1
- Buddy Bingo-4
- Cathy Crafty-3
- Susie Homemaker-1
- SpongeBob Squarepants-3
- Billy Birthday-1

34

Questions

Tia Hovatter, MPH, NHA, ACC, CDP, CADDCT
tiahovatter@healthconsultantsplus.com

HCP
Health Consultants Plus Inc.

35
