

Appendix M

Activities Interview

Note: This interview was done with the director of activities or his/her designee. It was conducted in the activities area where records of events and participation are available. Sometimes multiple activities personnel were interviewed.
The interview has been reformatted to eliminate extra space for comment

Name of facility: _____

Name and position of person(s) interviewed:

Date of interview: _____

Name of interviewer: _____

Activities Interview

1. Are activities personnel organized into a department?
___ yes
___ no
2. How many persons and FTEs are in activities department?

number of people number of FTEs
3. Are activities personnel assigned to specific units?
___ yes
___ no
4. a. How many of the activities personnel have the following training.
FTEs with BA in activities/recreation/therapeutic rec. _____
FTEs with MA in activities/recreation/therapeutic rec. _____
FTEs with occupational therapy degree. _____
FTEs with music therapy degree. _____
FTEs with art therapy degree. _____
FTEs with dance therapy degree. _____
with other professional training. SPECIFY _____

Note: It is possible that some activities personnel hold double training—e.g. in activities & music therapy, activities and OT. If so, total can add up to more than total # of FTEs in 2. Indicate if any person has dual training.

- b. How many activities personnel are certified recreational therapists? _____
- c. How many, if any, FTEs are designated activity aide personnel? _____
If activity aides are employed, describe their function.
5. Which of the following general functions are managed by the activities program?

- ☐ group social activities
- ☐ one-on-one activities
- ☐ resident council
- ☐ family council
- ☐ religious programming
- ☐ birthday functions
- ☐ memorial services
- ☐ other: SPECIFY

6. a. Are activities personnel on duty:

yes no

☐ ☐ a. on weekday evenings, after supper

☐ ☐ b. on Saturdays

☐ ☐ c. on Sundays

b. If yes to weekend work, was any activities person on duty during the past weekend?

☐ yes

☐ no

c. The weekend before that?

☐ yes

☐ no

7. How are residents assisted to get to activities?

yes no

☐ ☐ a. CNAs & other staff expected to help residents get to activities.

☐ ☐ b. Special activities aides help residents get to activities.

☐ ☐ c. Responsibility of activities staff to get residents to their activities.

8. a. Does the facility own one or more vans?

☐ yes

☐ no

b. Who drives the facility van(s)? (All that apply)

☐ designated drivers

☐ activities personnel

☐ other personnel

c. In the past 6 months, has a bus or special vehicle been rented to transport residents?

☐ yes

☐ no

9. What is the largest number of people who went on any single outing in the last 6 months?

_____ largest number going on an outing

10. What is the smallest number of people who went on any single outing in the last 6 months?

_____ smallest number of people going on outing

11. May the facility van be booked for individual residents to attend social events/clubs/etc?

___ yes

___ no

IF YES, has any such booking occurred in the last 6 months.

___ yes DESCRIBE

___ no

12. How many people can be accommodated on any outing requiring transportation?

_____ maximum people possible to accommodated

13. Are any volunteers routinely assigned to the activities program?

___ yes

IF YES, how many in last month. _____

___ no

14. How many residents receive one-on-one activity plans?

_____ Number of residents getting one-on-one

15. Does the facility have any particular approach to activity for people who are bedbound?

___ yes DESCRIBE

___ no

16. Does the facility have any particular approach to activity for people who are blind or deaf?

___ yes DESCRIBE

___ no

17. Which of the following formal activities are offered in the facility? How often and how many residents typically attend?

Type of activity	Yes, offered	# times offered last month	Average number attending
Exercise			
Discussion groups			
Arts & crafts			
Gardening			
Movies			
Parties/socials			
Bible study			
Music programs/singing			
Pet therapy			
Dance therapy			
Art therapy			
Massage			
Outings to shopping			
Outings to events–ballgames, concerts etc			
Outings for sightseeing– drives			

18. a. Does the activity program keep a record of how many residents receive almost no visitors (e.g. none in last 3 months).

___ yes

IF YES, how many residents had no visitors in last 3 months.

___ no

b. Does the activity program have a mechanism to help residents without visitors form relationships.

___ yes IF YES, DESCRIBE

___ no

19. Does the activity program keep a record of residents who never or very rarely attend organized activities?

___ yes
IF YES, how many residents never attend organized activities? _____
how many of these do not attend through choice? _____
___ no record kept

20. Does the activity program have a mechanism to ensure that residents who prefer not to attend activities are as interested in life as feasible, are stimulated, not bored?

___ yes IF YES, DESCRIBE

___ no

21. Spiritual programming (GET INPUT FROM PASTORAL COUNSELING, IF NEEDED)

a. Which of the following organized religious programs take place at facility?

yes no

___ ___ Protestant service on Sunday

___ ___ Catholic service on Sunday

___ ___ non-denominational or alternating Christian service on Sunday

___ ___ Protestant service on weekdays

IF CHECKED, HOW MANY TIMES _____

___ ___ Catholic communion on weekdays

IF CHECKED, HOW MANY TIMES _____

___ ___ Bible study

IF CHECKED, HOW MANY TIMES PER WEEK

___ ___ Jewish services

IF NO, are there any Jewish residents

___ yes

___ no

___ don't know

b. How many clergy, or pastoral counselors are employed by the nursing home or (if not employed) have a regular visiting arrangement?

Number

c. Besides employees, how many clergypersons visit on a voluntary basis?

Number

___ Don't know.

d. Has the facility any provision to help residents attend churches/religious ceremonies outside the facility?

___ yes DESCRIBE
___ no

e. Does the facility do any of the following:

yes no

___ Have funerals at the facility.

___ Have individual memorial services at the facility

___ Have memorial services for groups of residents who have died recently.

___ Facilitate staff to attend funerals off campus.

___ Facilitate residents to attend funerals of other residents off campus

22. Do residents have an opportunity to volunteer assistance in facility?

___ yes

GIVE EXAMPLES FROM LAST 3 MONTHS

___ no

23. Is there any mechanism or effort to help residents continue with interests or community activities that are important to them?

___ yes

___ no

IF YES, can you think of any particular example of a resident who pursued an individual interest in the past two months?

___ yes DESCRIBE

___ no, nothing comes to mind.

24. How is the resident council organized?

___ none

___ facility-wide

___ on each unit

25. How often does the resident council(s) meet?

___ more than once a month

___ once a month

___ less than once a month

26. Do residents elect officers for resident council?

___ yes

___ no

27. a. Do residents have any formal way to have input into facility policies?

Yes No

___ ___ Menus

___ ___ Decorating

___ ___ Activities

___ ___ Selection of personnel

b. DESCRIBE ANY PARTICULAR EXAMPLES OF RESIDENT INPUT.

28. Have any programs been developed to encourage family involvement?

___ yes DESCRIBE

___ no

Have any programs been developed to encourage participation of children?

___ yes DESCRIBE

___ no

29. How much do activities personnel contribute to care planning?

___ in all or almost all cases.

___ sometimes

___ seldom

30. What are you most proud of/pleased about in the efforts of the activities program?