

"NAAP Credentialing Center - Grandfathering Has Begun!"

Susan Rauch, BA, NAAP President

As I reported in the September/October NAAP News issue, NAAP still has not heard from Michael Bower, NCCAP President in regard to discussing the issues that Activity Professionals from around the country have brought to our attention. The NAAP Board feels that it has exhausted all avenues of communication with NCCAP and voted to move forward.

During the fall mid-year NAAP Board meeting in November, the Board was presented with recommendations for beginning another Certification option that would be fair, ethical and affordable. Because the Credentialing Center's committee outline was comprehensive, professional and of the highest standards, the Board unanimously voted to accept it!

Activity Professionals around the world now have another choice in becoming credentialed! This announcement was made at the bi-annual Open NAAP Board meeting and the visitors present applauded with a great deal of enthusiasm. The Board recognizes that although NAAP started NCCAP and wanted to continue to devote its resources to them, it felt that due to the unwillingness to communicate with and support NAAP, NAAP had no other choice but to listen to its members and create another option.

The NAAP Board does not wish to deviate from credentials Activity Professionals have achieved; its goal is to provide them with a CHOICE.

The Credentialing Center also believes that in order for Activity Professionals to meet standards and ethics, it must have an Exam to test the knowledge of Activity Professionals thus creating a higher level of recognition for Activity Professionals. Please go the Credentialing Center's web site: www.naapcc.net or email your questions to: naapcredentialingcenter@gmail.com. The web-site will have all of the forms needed to complete during the Grandfathering period (two years) and how you can obtain the Credentials of Activity Professional-Board Certified and Activity Consultant-Board Certified. Be one of the first to take the Credentialing Center's Exam at the 2011 Annual NAAP conference in beautiful Myrtle Beach, South Carolina. You will have two opportunities to take the exam there: Tuesday, March 29 at 7:00 - 9:00 pm and Saturday, April 2 at 2:00 - 4:00 pm. Additional dates and testing sites around the country will be posted on the web site. The Credentialing Center is an arm of NAAP but has its own Policies & Procedures, By-laws and Board. NAAP will continue to provide educational opportunities for Activity Professionals to obtain credentials and the Credentialing Center will provide the standards and Exam for receiving credentials. The two will be supportive of each other and have on-going communication with a spirit of cohesiveness.

Susan Rauch, BA, ACC NAAP President Mid-year Report

Accomplishments

- Wrote letter to NCCAP President, Michael Bower per membership request for mediation meeting (no response)
- Communicated immediately with membership lack of response by NCCAP to meet, NAAP's concerns with NCCAP and letters from South Carolina state association
- Assisted members and Board members when called upon
- Responded timely to all emails and calls from Board members
- Wrote articles for each NAAP newsletter
- Taught two session for 2010 WSAAP conference
- Taught workshop for Washington Adult Day Services for \$75.00 donation to NAAP
- Hosted NAAP booth and gained 2 membership renewals
- Procured and hosted free NAAP booth at 2010 AHCA conference in Long Beach, California with Joan Flannigan gaining one new member (despite no new membership brochures), obtained names for speakers and exhibitors
- Procured and hosted free NAAP booth at 2010 AAHSA's conference, Los Angeles, CA with Joan Flannigan
- Proofed all outgoing correspondence, state contact packets and articles for publications NAAP News, ADO
- Edited all Board minutes within time frame
- Compiled and presented annual evaluation of Executive Director
- Prepared agenda for Open and Closed sessions for NAAP's fall board meetings
- Assisted with special projects (i.e. Credentialing Center)
- Typed Board minutes from 2008 meetings
- Communicated with Advisory Council several times i.e. whether to meet during fall Board meeting, advice with Credentialing issues, advice with NCCAP issues
- Organized and led NAAP Board's monthly conference calls

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Ethics

by Debbie R. Bera, ADC, NAAP Vice President, 12/12/2010

As a NAAP member you may or may not be aware that one of my duties as the Vice President of NAAP is to oversee the NAAP Standards of Practice and Ethics. I have decided that Standards of Practice and Ethics would be a good topic to review with the membership from time to time. For this article I will focus on Ethics and my next article will focus on Standards of Practice.

Let's start with a definition of Ethics: eth-ics [éthiks]

Study of morality's effect on conduct: the study of moral standards and how they affect conduct; code of morality: a system of moral principles governing the appropriate conduct for a person or group

Synonyms: morals, beliefs, moral code, moral principles, moral values, integrity, conscience, principles. Ethics, also known as moral philosophy is a branch of philosophy that addresses questions about morality—that is, concepts such as good and evil, right and wrong, <u>virtue</u> and <u>vice</u>, <u>justice</u>, etc.

NAAPs Code of Ethics for Activity Professionals begins with this preamble: The National Association of Activity Professionals and its members are dedicated to providing activity services and programs, which meet the unique needs and interests of the individuals they serve. It is followed by twelve (12) principles which are:

Conduct: The Activity Professional shall maintain highest standards of personal conduct and professional integrity at all times. The Activity Professional shall treat colleagues with professional courtesy. The Activity Professional shall obey the By-Laws and Code of Ethics governing all professional associations to which he/she belongs.

Dignity/Rights: The Activity Professional shall treat the clients/residents, members of the interdisciplinary team, and professional peers with regard towards personal dignity at all times. The Activity Professional shall respect and protect the rights - civil, legal, and human - of the clients/residents, members of the interdisciplinary team, and professional peers at all times. The Activity Professional shall work through appropriate channels to protect the rights of clients/residents and report abuse and exploitation to his/her supervisor immediately.

Confidentiality: The Activity Professional shall treat any information about clients/residents, members of the interdisciplinary team, and professional peers as confidential. Information about clients/residents that must be shared with members of the interdisciplinary team and volunteers in the course of care shall be exchanged in a professional manner. The Activity Professional shall not discuss clients/residents and/or their families when out in public and will abide by HIPAA regulations.

Empowerment: The Activity Professional shall enable clients/residents to participate in the planning and implementation of their care, as well as making independent medical, legal, and financial decisions. The Activity Professional shall mentor professional peers and promote each colleague's leadership role.

Participation: The Activity Professional shall enable clients/residents to maximize their potential in activity participation through adaptation, cues/promps, protections from undue interruption, and assistance in rescheduling of other events that may interfere with the client's/resident's ability to participate in activities of their choice.

Record Keeping: The Activity Professional shall maintain client/resident records in an accurate, confidential, and timely manner. The Activity Professional shall follow facility policies and procedures in the formatting of such records. In the absence of facility policy the appropriate state and/or federal guidelines shall be followed. The Activity Professional shall not falsify any documents pertaining to official clinical records of clients/residents and his/ her professional associations.

Professional: The Activity Professional shall participate in continuing education opportunities, strive for professional competence and excellence in all matters, ensure accurate resumes, and differentiate between personal comments/actions, official NAAP positions and/ or official positions of other associations to which he/she belongs. The Activity Professional shall encourage professional peers and colleagues to participate in professional associations and accept leadership roles.

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"Too Much Of A Good Thing" Awaits you in Myrtle Beach, SC.

Written by the South Carolina LAC

OK, husbands/boyfriends/significant others/any other males accompanying NAAP attendees... We've focused on things to do for the ladies attending the conference, now it's your turn! A visit to the Myrtle Beach area should come with a warning label: "Too much of a good thing could result in uncontrollable happiness!" Naturally, the fun in Myrtle Beach always starts on the beach, the area's most popular attraction. Sixty miles of sandy beaches provide ample opportunities of things to do such as water sports, shell collecting and more as part of your vacation. But there's a wide range of other activities awaiting you. Head out to the emerald-green fairways of a local championship golf course, take a cruise aboard a riverboat, go it alone on a pontoon boat or head out on a banana boat with the entire family for the thrill of a lifetime.

Next to the tumbling, foam-edged Atlantic surf, the Strand's most abundant recreation resource is golf. For golfers, Myrtle Beach is like visiting one of those all-you-can-eat buffets. Everything looks so good, you can't help adding a bit of this and a spoonful of that, until by the time you get to the dessert section (which itself is overflowing with yummy stuff!) you need another tray to hold everything! Numbering at more than one hundred (with more on the way), the sheer profusion of courses is extraordinary, but – to the delight of millions of golfers each year – the quality of the courses are as impressive as their quantity. Tee off on North, South or Central Myrtle Beach golf courses, each designed to protect the natural habitat and wildlife indigenous to the area. Technically challenging and aesthetically beautiful, our greens have been created by world-famous architects -- including Arnold Palmer, Jack Nicklaus, Robert Trent Jones, and Greg Norman. For more information on golfing, check out https://www.myrtlebeachgolf.com/

When folks talk about Myrtle Beach fishing, they're usually referring to saltwater fishing. After all, we have immediate access to the Atlantic Ocean, along with numerous creeks and channels that feed into the ocean – all salt water. If you don't have your own rod and reel, you can purchase or rent one at a local bait and tackle shop, pier, or sporting goods store. Myrtle Beach deep sea fishing is a true adventure, catching those big, large fishes in the deep water gives a thrilling experience. The Myrtle Beach area offers several piers to walk or fish, so where you stay will probably have a bearing on which pier you use. Some piers are free to walk; others have a small fee. Most of the piers have a bait shop (including fishing equipment) on location, available to rent and/or purchase. The most common fish caught off the coast of Myrtle Beach are black sea bass, snapper, grouper, larger sea bass, trigger, dolphin, wahoo, and king mackerel. Check out http://www.visitmyrtlebeach.com/play/fishing

Besides fishing you can make your trip more exciting with boat cruises. Cruise boats operate out of Little River, North Myrtle Beach, Myrtle Beach, Conway, Murrells Inlet, and Georgetown. Some transport passengers along the Intracoastal Waterway, while others explore the Waccamaw River or Winyah Bay. Some are sightseeing trips, and others offer dinner and dancing. Almost all provide enlightening narratives about the region's wildlife, scenic wonders, history, and legends. Home to South Carolina's only casino ships, the beautiful Atlantic Ocean off the Myrtle Beach area coast comes alive day and night with Vegas-style gambling, live entertainment and fine food. The area's el-

egant casino ships set sail twice daily on 5-hour cruises from beautiful Little River, just a short drive north from the Central Myrtle Beach. Regular patrons rave about the cruise out and back along scenic Little River Inlet. Enjoy the beach and local attractions during the day and then try your gambling luck on the ocean once the sun sets. If you prefer, gamble and enjoy the view during the day and then return late afternoons in time to explore all the dining and nightlife Myrtle Beach has to offer. For more info, visit http://www.visitmyrtlebeach.com/play/casino_cruises.html

There are hundreds of other manly things to do in Myrtle Beach. Rent a motorcycle or moped and cruise around the area, parasail or jet ski off the coast, check out the Bass Pro shop or explore a state park area. We just hope you'll join us and have a great time!

Ya'll come, ya hear?

Attention NAAP State Contacts

by Vanessa Emm, BA, ACC, NAAP Membership Trustee

I am looking forward to seeing all of you in beautiful Myrtle Beach, SC 2011! Don't forget to send in your registrations for the state contact breakfast. During the breakfast this year all state contacts will be asked to give a 5 minute presentation on their state and their role as a NAAP state contact. Please include the following in your presentation:

Discuss how you disseminate NAAP information within your state and what information you did share. What can NAAP do to assist the state contact with disseminating information to Activity Professionals? What do you feel is your responsibility as the NAAP contact for your state?

NAAP State Contacts will all receive a copy of the state contact job description for you to keep with your NAAP files. Again, I look forward to seeing all of you and hearing your feedback. If you would like to receive your state contact packets electronically please e-mail member@thenaap.com and make this request.

Become A Shell Collector!



This year NAAP's fundraiser will give you an opportunity to start collecting seashells! Each numbered shell will give you a chance to win a grand prize at the conference 2011 in Myrtle Beach S.C.

Prizes will be awarded at our conference in April 2011

So Don't wait!! Start collecting seashells now!! For a \$1.00 Donation you have a chance to win.

Must have your seashell with number to win in South Carolina!!!

For more information contact Mary Spikes prodevelopment@thenaap.com

Educational Article – Part 3 of 4

by Irene Taylor, MS, ACC, NAAP Executive Director

Injury to the brain caused by tumors, head injury, or strokes.

Diseases, such as Parkinson's disease, dementia with Lewy bodies, and front temporal dementia.

Long-term alcohol dependence.

After Alzheimer's disease, dementia caused by strokes (vascular dementia) is the most common type of dementia. Many people have mixed types of dementia. Mental function lost to vascular dementia cannot be restored, but future damage may be prevented by reducing the risk for stroke.

Some causes of dementia can be reversed with treatment, but most cannot. Common causes of dementia that cannot be reversed are:

- Parkinson's disease, which is a movement disorder.
 Dementia is common in people with this condition.
- Dementia with Lewy bodies, which causes protein deposits (Lewy bodies) in brain cells. It can cause short-term memory loss like some other brain diseases, but it can also cause the person to fall often and to see things that aren't there (hallucinations).
- Frontotemporal dementia, a group of diseases that includes Pick's disease. These diseases can cause changes in personality, behavior, or language.
- Severe head injury that caused a loss of consciousness.

Alzheimer's Association

by Mary Anne Favale, LPN, ACC

As of December 15, 2010 the United States House of Representatives overwhelmingly passed the National Alzheimer's Project Act (NAPA). This historic legislation is now on its way to the President for signature. It is the first step in ending the Alzheimer's crisis. NAPA will bring help not only to millions of affected families, but also to the fiscal foundation of our country.

The Association wants to make this advocate program the best in the nation. 112,000 signed petition signatures, 50,000 emails, nearly 10,000 advocate meetings have led to this decision. We invite you to take a quick survey to assist the Alzheimer's Association about tools and training. Go to info@alz.org to learn more about this process. As a law, NAPA has the potential to change the course of Alzheimer's disease to the benefit of every American.

Another issue "The Shriver Report": A Women's Nation Takes on Alzheimer's is a ground breaking look into the epidemic's effect on Women as Caregivers, Advocates and People living with Alzheimer's. This report gives us a glimpse of Alzheimer's in a different light. 10 million women affected, Alzheimer' is a women's issue. The Shriver report is designed to spark a national dialogue around kitchen tables and in communities across the country. You can review the entire report by going to alz.org or shriverreport.com.

My Professional Colleagues

by Sandy Dole, ACC, AD, EDU, MC, ALF

As a follow-up to recent issues, and concerns about our profession I am asking you to reflect on the following questions. Responses are not necessary, but are welcome.

How many Activity Professionals/Directors are driving residents to health-care appointments on a routine basis? If so, why? How many APs have to raise funds to supplement their budgets? Do other departments like nursing, house-keeping, administration, maintenance, and others have to do that too? Did you know that any money raised needs to be reported as facility income? (Unless you are a not for profit organization. It should however be recorded as a donation) If your work time is spent doing this are you deducting the cost of your salary from the "profit" made? How many APs are out requesting donations of equipment and supplies needed to facilitate a program of "meaningful activities?" Did you know that regulations require adequate equipment and supplies to provide meaningful activities based on the assessed needs of the residents? How many APs are responsible for taking the photos for the MARs? If you do, why? In most facilities the nurses have cameras on their medicine carts and/or the admissions director would be the logical person/s to take the photos of new residents.

We must be assertive, (not aggressive, or passive) professional; know the regulations and follow them no matter what, at all times, not just when the surveyors are in the building. We must be champions for those we serve...the residents; educate those who are not aware of the intent of the quality of life regulations; (which at times may include some of the surveyors,)We must assert and believe in ourselves and be positive role models for those entering our profession. We also need to truly believe that what we do, when we do it professionally, as intended by the regulations, is to ensure as much as is possible, that each resident is continuing to live his/her own life in a way that is consistent with his/her own identity and personal history. Our best friends during a survey should be the surveyors and we should be proud and willing to share how we address the needs, interests, and preferences of each resident and how we are helping them continue THEIR preferred lifestyles in whatever ways possible. NOT just a large group in the morning, one in the afternoon, some evenings, limited activities on weekends, and 10 or 15 minute "one to ones" if time permits. Our QI reports should not just list the number of activities we provide each quarter. That number is irrelevant. It is the OUTCOME of the activities that is important. We need to educate others on the quality of life regulations, particularly f248. Hopefully each AP has a copy of the CMS training that all surveyors receive. It is readily available. My heartfelt gratitude goes out to all of those who are truly committed to "making life worth living" for those who pay our salaries, the residents. We have the greatest profession in the world. Let's keep it that way!

Need a Roommate for Myrtle Beach??

Would you like a roommate to help share costs for the NAAP Myrtle Beach Conference? Please e-mail Debbie Bouknight at dbouknight2@sc.rr.com and let her know the number of nights you'll be staying, arrival and departure dates, and any preferences, such as smoking, non-smoking, etc. Debbie will pass your e-mail to someone with like preferences and leave it up you and your prospective roommate to make the final arrangements. There is no guarantee we can find you a roommate, but we are setting up this service to try and help those who would like to share expenses. We are looking forward to seeing you in Myrtle Beach!!

Public Relations Trustee

by Linda Amoroso, ADC

We are so excited about our new communication tool! This will be used to keep you better informed of what is happening with NAAP and to keep us all connected. Those of you that have provided NAAP with your e-mail address should have received at least 2 messages as of Dec. 15th. If you have not received an e-mail yet it means that we either don't have your e-mail address or we have a wrong e-mail address. Unfortunately when reading some of applications it was difficult to decipher some of the handwriting. Another problem could be that if you have a spam blocker on, it could have gone into your spam, if you look there and find it, moving it to you inbox and opening should let you receive future mailings in your regular inbox. So, if you haven't sent your e-mail to us yet and want to be added you can send it to thepress@thenaap.com. If you think you have given it to us but haven't received any mailings, please contact us and we will work to get you set up.

NAP (National Activity Professionals) Week will be held January 16-21, 2011. The theme is "Activities, Oceans of Possibilities". We have all the components of the FREE NAP Week packet on the Web so you can print what you need. If you need to have it mailed contact the NAAP office. Use this week to promote your activity program and your profession to others. Use this great resource that is part of your Membership. Start planning now on how you will celebrate the week and how you will showcase your programs!

www.thenaap.com, your web-site is updated regularly and some items are time sensitive. I encourage you to check that regularly. We are continually working to make the site more user friendly. If anyone has a feature they would like to see added please let me know. There is a wealth of information available from Government Relations, to Activity Ideas, to Board reports. Not to mention those wonderful Lunch and Learns, if you haven't attended one yet you're really missing the boat! We want to thank those who have opted to help us go green you will begin to receive an e-mail when the Newsletter is available on the web-site.

NAAP Board and other members continue to write for the Activity Director's Office (www.theactivitydirectorsoffice.com. Giving you another resource for ideas and information

We also welcome articles for the web-site and this newsletter. You can email those to me for review.

We need your knowledge and support. We all can succeed if we take time to share our ideas and support on another. Please feel free to contact me with any questions about anything mentioned in this article or if you just have a general question about NAAP or activities. We are here to serve you.



Update on the Lunch and Learn Webinars

by Mary Anne Favale, LPN, ACC

NAAP will present a one hour webinar on the second and fourth Wednesday of each month. Starting in January members requesting a certificate will have to complete a evaluation form that will be on the web-site under Lunch and Learn icon. Once you have completed the evaluation, email it to MAF-CVF2@aol.com and a certificate for continuing education will be sent to you.

Speakers coming up in 2011 are:

Tonia Hooker - One To One Diane Mockbee - Credentialing Debbie Bear - Sensory Programs Susan Newell - Pain Management

Dr. Charles Peckham - Care of Aging in the Past Pam Bailey - Sensory Stem with a little Twist



If you are interested in doing a Lunch and Learn session please contact Mary Anne Favale. Thank you to Jo Dorhout of VIFamilies for all her assistance. We sure have had many technical challenges, but have been able to charge ahead. Thank you for all your support. Thought you might like to hear some comments from members that have tuned in to the sessions:

Wonderful Programs - just what I needed.

Your power points are awesome.

Great ideas for new programming.

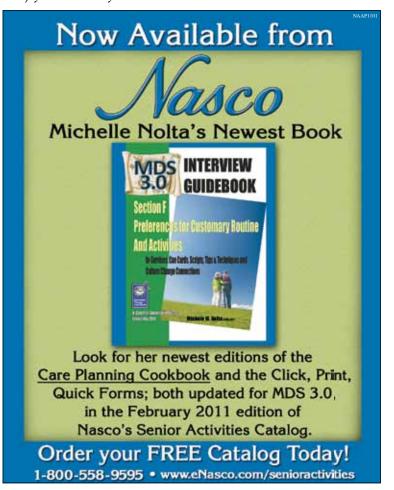
We have such professionals in NAAP.

So Inspiring!

I am now ready for any disaster.

Activities is important when a facility has to evacuate.

Enjoy NAAP history Irene.



Activity Documentation: More Than Paper Compliance

by Myrtle Klauer, ADC, CAP

As we begin a New Year, we have a "clean slate" and a chance to begin anew. Take advantage of this by developing good habits when it comes to activity documentation.

Activity documentation is an important part of the resident's medical record, mandated by the federal and state regulatory agencies. The records kept by the interdisciplinary team are the only "picture" the surveyors have of the residents; therefore, it is imperative that all documentation be accurate and timely. The documentation in a resident's chart must be a paper replica of the resident's physical and mental well-being, as well as the care and services that are provided to the resident.

The regulations governing documentation have increased steadily over the last decade, and are viewed by many professionals as the least favorite part of their job. Often it is the last thing on an Activity Professional's list of daily priorities, and before he or she knows it, they have fallen behind in completing the required documentation. Activity documentation is a very important part of the medical record and must be accurate, comprehensive, and timely.

Reviewing the Basics of Activity Documentation

There are several types of documentation about the resident that the Activity Professional is responsible for completing. Each component must be carefully written and reflect the actual condition and needs of the resident. This documentation must also meet all the requirements defined in the state and federal regulations.

An Initial Assessment is required for each new resident and goes beyond completing the Minimum Data Set (MDS 3.0), Section F. This assessment must identify the needs, interests, strengths, and lifestyle of the resident. The resident's activity potential and attitude toward leisure and recreation also needs to be a component of this assessment.

The resident Care Plan is the next step in the process. When preparing the resident's care plan, the Activity Professional needs to identify the resident's leisure and recreation needs, what the barriers are to prevent him or her from reaching their leisure and recreation potential, and the steps necessary to assist the resident to achieve their leisure and recreation goal/s. The Activity Professional also needs to be aware of how they can assist other disciplines in helping the resident meet other interdisciplinary goals and enter these supportive approaches on the care plan.

There are three components to each intervention:

- 1. the statement of the problem, need, or strength;
- 2. a realistic, measurable goal that is resident focused and either solves a problem or builds on a strength; and
- 3. the approaches the team will use to assist the resident in realizing his or her goal.

It is important to remember that the issues recorded in the resident's care plan are reflective of those identified in the assessment and that the resident (or their representative) have a right to refuse the proposed treatment. Since so many things can change within the first thirty-days of admission, it is strongly recommended that a 30-Day Re-Evaluation Note be written. A review of the initial assessment should be included, with statements noting any changes in the resident's condition, abilities, attitude, etc. Although this is not required by law, it is a good idea to take this extra step to make sure that the resident's needs are being met.

The resident's participation in activities needs to be documented in order to verify the approaches used are successful. This can be done using an Activity Participation Flow Chart. This is a simple chart with the days of the month numbered across the top, with the activity programs listed in alphabetical order in a column on the left-hand side of the chart. A grid is then added so that the Activity Professional can check the programs the resident attends each day.

This record is not required; therefore, it does not have to be a part of the resident's medical record, but should be maintained in the Activity department and used as a reference when writing progress notes. The activity participation flow chart can also be used as verification for what is written in the resident's progress note, should a surveyor question a participation segment of your note.

An important component of this documentation is to record when the resident refuses to participate in activities. This record can be used to document that activities of interest to the resident were available, and assist the interdisciplinary team in identifying patterns so that they can provide activities and offer different interventions to better meet the needs of the resident.

Due to the acuity of the current residents living in long term care, a One-To-One Visit Log may be necessary to monitor the participation of residents confined to bed or otherwise unable, or unwilling, to participate in the structured activity program. This log should include documentation of the type of activity, frequency, length of visit, and the resident's response to the intervention.

Progress Notes are usually written quarterly or when a significant change in the resident takes place. This note should incorporate information about the resident's progress towards his or her care plan goal and response to the interventions used. Any changes that have taken place since the last progress note should be recorded. When appropriate, note the resident's mental status, family involvement with the resident, health issues that may have affected the resident's participation and/or psychosocial well-being, and their current involvement in therapy or rehabilitation. Noting the resident's previous lifestyle and leisure interests, current needs and general interests, customary routines, potential for falls, psychoactive medications, mood and behavior issues, and the need for task segmentation are other important components of the progress note.

Incorporating this information into the progress note can help identify why the resident was able or unable to meet his or her goal and what their current needs and/or strengths are. The progress note should end with the development of a new leisure or recreation related goal that will become part of the resident's new care plan.

Legalities Affecting Documentation

Information contained in the medical record or documentation maintained in the activity department is confidential and belongs to the facility. Never take records out of the facility in an effort to work at home in order to "catch-up." All entries should be permanent and written in ink bold enough to be photocopied. For continuity, the facility should establish the color of ink used for all documentation. The use of a felt-tipped pen is prohibited, because of the possibility of the ink running on the page should the document get wet.

Make documentation corrections very carefully. When an error is made, sim-

Activity Documentation, continued

ply draw one line through the incorrect portion, affix your signature and the date above the lined out area. Make sure that the correction is legible. If you have to recopy a page of documentation, keep the original and note the page where it is recopied. On the recopied page write a note stating, "recopied from _____." The use of white-out, erasable pens, or pencils is not acceptable.

The resident's name should be at the top of each page. This is the only way to prove that the documentation is about a specific resident. Each entry must be dated and often it is a good idea to include the time the entry was recorded. At the close of the entry, the Activity Professional must sign his or her name. Never sign an entry made by someone else or ask someone to sign an entry for you. Never skip lines or leave blanks where someone else could make an entry, instead draw a line through any empty lines or spaces.

Avoid using vague terminology such as seems, appears, or uncooperative. Record the facts, not your opinions. Chart objectively describing things that you have observed, heard, read, or smelled as related to the resident and his or her care. Use quotation marks to identify the resident's statements. Do not use names in documentation. Substitute general terms such as roommate, friend, peer, family, etc. to denote persons who are involved with the resident.

Do not use derogatory language when recording information in the activity documentation. Avoid language such as obnoxious, hateful, or rude. For instance, instead of stating that the resident is "a nasty old man," rephrase the statement to read, "a 90-year-old male, dissatisfied with the facility routine ..." Avoid humorous remarks about the resident or expressing opinions about your peers, supervisors, or other members of the interdisciplinary team.

Activity documentation must provide a clear, concise record of what has been done for the resident in relationship to his or her leisure and recreational interests, and what still needs to be done to improve or maintain their leisure skills. This documentation must reflect the interventions used and the resident's response to these.

Think before writing:

- do not document interventions before they are done;
- write legibly and use correct grammar as well as spelling;
- limit the use of charting abbreviations to those that are approved and frequently used by all disciplines;
- · write objectively and state the facts; and
- do not "put-off" documentation schedule time daily for charting.

The rules governing the length of time that activity documentation must be kept varies depending on the type of documentation it is. The Medical Records department takes care of the documentation contained within the resident's medical record.

Documentation such as the activity calendars, resident participation records, and Quality Assurance records should be kept from one licensure survey to the next. Generally this means keeping these records for a year to fifteen months within the activity department. Resident Council minutes must be maintained for a period of three (3) years according to OBRA.

A facility or department policy should be written about the length of time documentation outside the medical record must be kept. Shred any documents that are no longer needed, so the residents' confidentiality is protected.

Remember that the medical record is a legal series of documents that can be used to defend or prosecute you and your facility in a court of law. This is why it is so important to keep accurate records and write clear, concise notes for each resident's medical record. Each Activity Professional must remember that we are an important member of the interdisciplinary team, and our documentation reflects that!

Flag Ceremony

<u>Stand Up and be Recognized at NAAP Conference</u> Mary D. Spikes, Professional Development Trustee



NAAP will continue the tradition that began in 1995 in Nashville, TN. with the presenting of United States, Canada and Bermuda flags. As the years went by, the rest of the states and provinces of Canada were added. This opening flag ceremony has always generated a great sense of pride as the flags are presented and displayed. NAAP follows the Olympic struc-

ture of the US, Canada and Bermuda, followed by the host state this year, South Carolina, and the end flag will be Tennessee our host for the 2012 conference. As part of the flag ceremony the anthem for US, Canada and Bermuda are sung. The words for these will be in the conference book so all attendees can join in. We hope that your State or International Contact will participate in this historical event.

The following criteria must be observed:

- . Flags must be no smaller or larger that 3'x5'.
- Flags must be attached to a wooden flag pole no longer than five feet.
- . Each State/International Association is responsible for their own flag (purchase, care, etc.).
- . Each State/International Association must name a responsible party to be their flag bearer.
- . The flag bearer must wear navy slacks or skirt, white shirt or blouse with a red tie or scarf and white gloves.

Time scheduled this year is 8:30-9:00 AM, before the opening session to organize and practice. All flag bearers are asked to be at the practice.

FLAG CEREMONY PARTICIPATION FORM

- o YES, our State/International Assc. will participate
- o No, our State/International Assc. will not participate

| State Name | |
|---------------------|--|
| Flag Bearer's Name_ | |

We have read and will comply with the criteria stated above. Our Flag Bearer will be at the practice session.

State President or State/International Contact Signature

Please mail form to: Mary D. Spikes, Professional Development Trustee PO Box 21492 St. Petersburg, FL 33742

Ethics by Debbie R. Bera, ADC, NAAP Vice President, continued

Supervisory: The Activity Professional shall treat persons he/she may supervise with dignity and respect, protect their rights, and provide accurate and fair evaluations.

Communication: The Activity Professional shall strive to maintain open channels of communication with administration, other departments, families, clients/residents, and professional peers. The Activity Professional shall strive for accurate and truthful communication in all interactions.

Provision of Services: The Activity Professional shall provide programs – regardless of race, religion (or absence thereof), ethnic origin, social or marital status, sex or sexual orientation, age, health status, or payment source – which assist the client/resident in achieving and maintaining the highest practicable level of physical, intellectual, psychosocial, emotional, and spiritual well-being.

Legal: The Activity Professional shall comply with all applicable federal, state, and local laws regarding the provision of services to clients/residents, professional peers, and colleagues.

Professional Associations: The Activity Professional shall comply with the By-Laws, Policies and Procedures, Standards, and Code of Ethics of the professional association(s) to which he/she belongs. The Activity Professional shall provide leadership and/or services to the associations to which he/she belongs without expectations of financial gain.

Some examples of things that would raise the question of ethics:

- Absence of the highest standards of personal conduct and professional integrity at all times. (Any behavior that is contradictory to professional conduct and professional integrity.)
- Not obeying the By-Laws and Code of Ethics governing all professional associations to which he/she belongs. (Failure to meet any of the above.)
- Not treating the clients/residents, members of the interdisciplinary team, and professional peers with regard towards personal dignity at all times. Not respecting and protecting the rights civil, legal, and human of the clients/residents, members of the interdisciplinary team, and professional peers at all times. (We should all know what it means to treat others with dignity and respect thanks to the survey process.)
- Not mentoring professional peers and promoting each colleague's leadership role. (Failure to be encouraging to our professional peers, telling them to do things contrary to the Code of Ethics.)
- Not treating any information about clients/residents, members of the interdisciplinary team, and professional peers as confidential. (Not keeping personal emails, phone conversations, letters, etc, confidential and forwarding/sharing/posting with others without the consent of the person who initiated the communication.)
- Falsifying any documents pertaining to official clinical records of clients/residents and his/her professional associations. (Knowingly communicating false information.)
- Not participating in continuing education opportunities, striving
 for professional competence and excellence in all matters, ensuring
 accurate resumes, and differentiating between personal comments/
 actions, official NAAP positions and/or official positions of other
 associations to which he/she belongs. Not encouraging professional peers and colleagues to participate in professional associations
 and accepting leadership roles. (Any activity contrary to promoting

- education, competence, excellence, the profession and professional organizations. Using your position or membership to convey personal communications personal communications must be differentiated from position/organizational statements.)
- Not striving to maintain open channels of communication with administration, other departments, families, clients/residents, and professional peers. Not striving for accurate and truthful communication in all interactions. (Any activity that discourages open communication, knowingly conveying inaccurate or untruthful information.)
- Not complying with the By-Laws, Policies and Procedures, Standards, and Code of Ethics of the professional association(s) to which he/she belongs. Not providing leadership and/or services to the associations to which he/she belongs without expectations of financial gain. (Not following the established guidelines as mentioned. Not taking a positive role with and towards the organization/association to which you belong. Seeking personal financial gain by using position or membership of an association.)

This brings to mind the Wisdom of Solomon or the Judgment of Solomon. Even though NAAP is not a religious association, I feel that we can come away from this great story (and for the purposes of this article, think of it as simply a great story of wisdom for which it is) with a set of perspectives that enhances ethics. This is a story in which Solomon ruled between two women both claiming to be the mother of a child. It has become a metaphor referring to a wise judge who uses a stratagem to determine the truth, forcing the parties into revealing their true feelings. Specifically, the judge pretends that he will destroy the subject matter of dispute, rather than allowing either disputing party to win at the expense of the other.

Two women who lived in the same house and who both had an infant son came to Solomon for a judgment. One of the women claimed that the other, after accidently smothering her own son while sleeping, had exchanged the two children to make it appear that the living child was hers. The other woman denied this and so both women claimed to be the mother of the living son and said that the dead boy belonged to the other.

After some deliberation, King Solomon called for a sword to be brought before him. He declared that there is only one fair solution: the live son must be split in two, each woman receiving half of the child. (The law at the time was to divide disputed property.) Upon hearing this terrible verdict, the boy's true mother cried out, "Please, My Lord, give her the live child – do not kill him?" However, the liar, in her bitter jealousy, exclaimed, "It shall be neither mine nor yours – divide it! Solomon instantly gave the live baby to the real mother, realizing that the true mother's instincts were to protect her child, while the liar revealed that she did not truly love the child. (One might ask, what was her true intent, certainly not one of integrity.) The reputation of the King greatly increased when all the people of Israel heard of this wise judgment.

This is one of my favorite stories. Within the story there are lessons to be learned and there have been many times when I've called upon the Wisdom of Solomon in making decisions in my life. It is imperative as Activity Professionals we uphold the highest of integrity – with integrity we just might be granted the Wisdom of Solomon.

National Council of Certified Dementia Practitioners

Sandra Stimson CALA ADC CDP CDCM Executive Director
103 Valley View Trail, Sparta, NJ 07871

www.nccdp.org
nationalccdp@aol.com
877 729 5191 Toll Free
973 896 1877 Direct Line

November 4th 2010

To: Publications Editors

To: Associations & Organizations: Executive Director's & Director's of Staff Education

To: Federal and State Agencies

To: Nurse Educators for Assisted Living, Nursing Homes, Adult Day Care, Hospitals, Home Care Agencies & Hospice Centers, CCRC, Memory Care Centers, Rehab Centers, Consultant Services

Press Release: For Immediate Release

Please let your readers, members and employees know about the following.

For the third year, the National Council of Certified Dementia Practitioners is offering *The National Council of Certified Dementia Practitioners Alzheimer's and Dementia Staff Education Week February 14th to the 21st Tool Kit. The Tool Kit is free and available at www.nccdp. org. The tool kit includes many free Power Point in-services for download beginning November 15th to March 1st 2011.* Each in-service is designed to be taught in 30 minutes to health care professionals and front line staff.

The Tool Kit and the declaration by the NCCDP Alzheimer's and Dementia Education Week February 14th to the 21st was developed to bring national and international awareness to the importance of providing comprehensive dementia education by means of face to face interactive classroom environment to all healthcare professionals and line staff and to go above and beyond the minimum state requirements regarding dementia education.

Currently there are no national standards for dementia education. The regulations are different from state to state. The NCCDP recommends at minimum an initial 8 hours of dementia education to all staff. Throughout the year, additional dementia education should be provided that incorporates new advances, culture change and innovative ideas.

In addition to facilitating the Train the Trainer programs, The NCCDP promotes dementia education and certification of all staff who qualify as Certified Dementia Practitioners (CDP®). The NCCDP recommends that at minimum there should be one Certified Dementia Practitioner® per shift. The NCCDP recommends a trained and certified Alzheimer's and dementia instructor by the NCCDP to utilize up to date NCCDP training materials.

The NCCDP recognizes the importance of educated and certified dementia unit managers and certifying the Dementia Unit Manager as Certified Dementia Care Manager (CDCM[®]).

Dementia Unit Managers report that they have received little training as a Dementia Unit Manager.

Front Line First Responders and Law Enforcement need comprehensive Dementia training and the NCCDP provides Alzheimer's and Dementia training to First Responder and Law Enforcement educators and certification as Certified First Responder Dementia Trainer*.

The free tool kit includes:

- Free Power Point In-services (Many topics) for Health Care Staff which includes pre test, post tests, hand outs, answers, in-service evaluation and in-service certificates.
- Nurse Educator of the Year Nomination Forms
- Nomination Forms for NCCDP Alzheimer's and Dementia Staff Education Week Contest
- Proclamations for Senators and Mayor
- Letters to the Editors Promoting Your Program
- 97 Ways to Promote Alzheimer's and Dementia Staff Education Week 2011
- Resources and Important Web Sites

The National Council of Certified Dementia Practitioners®, LLC was formed in 2001 by a group of professionals with varying work and personal experiences in the field of dementia care. The Council was formed to promote standards of excellence in dementia and Alzheimer's education to professionals and other caregivers who provide services to dementia clients. As the number of dementia cases continues to increase nationally and worldwide, there is a great necessity to insure that care givers are well trained to provide appropriate, competent, and sensitive direct care and support for the dementia patient. The goal of the Council is to develop and encourage comprehensive standards of excellence in the health care profession and delivery of dementia care.

Charles "Chuck" Taylor, Jr. Memorial Scholarship Application Form

The Charles "Chuck" Taylor, Jr. Memorial Scholarship shall be awarded annually to one (1) or more NAAP members in good standing. This scholarship is for the cost of registration for the Annual NAAP Conference and is provided to furnish financial assistance to NAAP members planning to attend the Annual Conference.

Please type or print legibly:

Name of Applicant and Credentials. Address, City, State and Zip. Home Phone, Business Phone, Fax and E-mail. NAAP Membership Number.

Please answer the following questions in 300 words or less (on a separate piece of paper):

- 1. Why does the applicant need financial assistance to attend the Annual NAAP Conference?
- 2. Is the applicant receiving financial assistance from other sources such as the facility and/or state/local Activity Professional Association(s)?
- 3. How many NAAP Annual Conferences has the applicant attended?
- 4. How long has the applicant been a NAAP member in good standing?
- 5. What involvement has the applicant had in NAAP? (List the offices held; committees; subcommittees; projects; etc.)
- 6. How has the applicant been involved in the local and/or state Activity Professional Association(s)? (List the offices held; committees; subcommittees; projects; etc. and identify the Association.)

A minimum of one letter of recommendation shall accompany this application form. The letter should be from:

- 1. The Administrator of the facility where the applicant is employed or other appropriate facility supervisor; OR
- Current officer of local or state Activity Professionals Association or NAAP.

NAAP members who apply for the Charles "Chuck" Taylor, Jr. Memorial Scholarship must:

- 1. Complete this form;
- 2. Attach a separate piece of paper containing all the information requested regarding the applicant;
- 3. Attach the letter(s) of recommendation; and
- Mail to: Myrtle Klauer, ADC, CAP, Secretary/Treasurer of NAAP 1848 W. Amelia Lane. Addison, IL 60101-1702

If further information is required to complete this application, contact Myrtle Klauer through her e-mail at: secretary@thenaap.com. All information received is CONFIDENTIAL.

All applications must be **POSTMARKED** by January 31, 2011

Myrtle Klauer will contact all applicants via e-mail as soon as the Scholarship Committee makes its decision regarding the status of the applications. Notification shall be timely, which shall enable the applicants to meet the Annual Conference registration deadlines and get the best possible travel rates.

Madge Schweinsberg Memorial Scholarship Application Form

The Madge Schweinsberg Memorial Scholarship may be awarded to as many as two (2) NAAP members annually who are also NCCAP certified and who need financial assistance to attend the Annual NAAP Conference. Each scholarship shall be in the sum of \$500.00. These two (2) scholarships shall be funded by NAAP and NCCAP.

Please type or print legibly:

Name of Applicant and Credentials. Address, City, State and Zip. Home Phone, Business Phone, Fax and E-mail. NAAP Membership Number and NCCAP Certification Number.

Please answer the following questions in 300 words or less (on a separate piece of paper):

- 1. Why does the applicant need financial assistance to attend the Annual Conference?
- 2. Is the applicant receiving any financial assistance from other sources; such as the facility, state, or local Activity Professional Association(s)?
- 3. How many NAAP Annual Conferences has the applicant attended?
- 4. How long has the applicant been certified by the National Certification Council for Activity Professionals (NCCAP)?
- 5. How long has applicant been a NAAP member? What involvement in NAAP has the applicant had? (List offices held; committees; subcommittees; projects; etc.)
- 6. How has the applicant been involved in the State/International or National Activity Professionals Association(s)? (List offices held; committees; subcommittees; projects; etc.)

A minimum of one letter or recommendation shall also accompany this application form. This letter should be from:

- 1. The Administrator of the facility where employed or other appropriate employer; OR
- 2. Current officer of State/International or National Activity Professional Association.

NAAP members who apply for the Madge Schweinsberg Memorial Scholarship must:

- 1. Complete this form;
- 2. Attach a separate piece of paper containing all the information requested regarding the applicant;
- 3. Attach letter(s) of recommendation; and
- Mail to the NAAP Office, P. O. Box 5530, Sevierville, TN 37864
 If further information is needed to complete this application, contact Myrtle at (773) 478-6613.

E-mail secretary@thenaap.com or theNAAP@aol.com. All information received is CONFIDENTIAL. The applicant will be contacted by e-mailto: phone as soon as the Scholarship Committee makes a decision regarding the status of your application. This will enable the applicant to meet Conference registration deadlines and get the best travel rates.

All applications must be <u>POSTMARKED</u> by January 31, 2011 Failure to complete this application in full shall disqualify the applicant

NAAP "YELLOW PAGES"

National Association of Activity Professionals

We will be adding a business section of our membership and various contacts that will help facilitate our Association in giving people an opportunity to display their business cards, creating a directory of State and International Contacts.

The cost of placing your business cards in this section is \$10.00.

Please make checks payable to NAAP, mail registration form and business card to NAAP Office, no later than March 12 2011 (to insure being listed in directory).

Thank you for helping support our Association in this fund raising project.

Mary D. Spikes Professional Development P.O. Box 21492 St. Petersburg, FL 33742

NAAP "YELLOW PAGES" REGISTRATION FORM 2011 Conference Notebook

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| () Other | |
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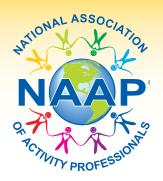
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