Case Study 1: Declining Group Participation

Step 1: Establish a Baseline

Review the previous three months of activity records. Collect the same measures consistently so trends can be compared.

Measure	How to Calculate / Collect
Programs offered	Total number of afternoon programs
Residents invited	Number of residents offered each activity
Residents attending	Number physically present
Participation rate	Attendees ÷ residents invited × 100
Engagement level	Score each attendee using the engagement scale
Early departures	Number leaving before the activity ends
Refusals	Number declining the invitation
Refusal reasons	Resident's stated reason, when available

Sample Baseline Data

Month	Residents Invited	Residents Attending	Participation Rate
January	320	218	68%
February	310	180	58%
March	325	153	47%

Finding: The participation rate declined 21 percentage points over three months. That trend warrants a closer look rather than an assumption about resident interest.

Step 2: Collect More Specific Data

For two weeks, use a simple program observation form for each afternoon activity. Record:

- Date, program, start time, and location
- Resident invited; attended or declined
- Engagement score
- Arrival and departure time
- Reason for refusal or early departure
- Transportation assistance needed
- Conflicts with therapy, meals, toileting, or care
- Environmental conditions: noise, temperature, lighting, seating

Step 3: Ask Residents

1. "What makes it difficult for you to attend afternoon activities?"
2. "What time of day do you usually feel most alert?"
3. "What afternoon programs would you attend?"

Categorize responses so they can be counted and trended. Preserve meaningful resident comments in narrative notes when they add context.

Reason Identified	Number of Responses
Tired after therapy	14
Waiting for toileting assistance	11
Program starts too soon after lunch	9
Room is too cold	7
Activities do not match interests	5
No transportation assistance	4

Root Cause & Intervention

Primary root causes: fatigue after therapy and difficulty receiving assistance before the program begins.

- Move the primary afternoon program from 1:30 p.m. to 2:30 p.m.
- Coordinate toileting and transportation with nursing assistants.
- Offer a quieter 1:30 p.m. option for residents who prefer lower stimulation.
- Review therapy schedules weekly.
- Begin invitations and transport preparation 30 minutes before the program.

Measures of Success

- Participation rate
- Average engagement score
- Transportation-related refusals
- Early departures
- Resident satisfaction
- Staff compliance with invitation/escort process

Measure	Before	After 6 Weeks
Participation rate	47%	66%
Average engagement score	2.4	3.7
Transportation-related refusals	18	6
Early departures	15	7

Attendance identified the problem. Refusal reasons and workflow observations identified the cause.

Case Study 2: A Resident Suddenly Withdraws

Step 1: Compare Current Behavior With Baseline

Measure	Previous Pattern	Current Pattern
Group attendance	4–5 times weekly	0–1 time weekly
One-to-one visits	1 weekly	3 weekly
Engagement score	Usually 4	Usually 1–2
Meal attendance	Dining room daily	Frequently eats in room
Family visits	Weekly	None for 3 weeks
Mood observations	Pleasant and talkative	Quiet and tearful

Step 2: Use a Change-in-Engagement Observation Log

For 14 days, Activity staff document objective observations rather than simply recording "refused." Track:

- Preferred activity offered and resident response
- Verbal statements
- Facial expression and eye contact
- Energy level and sleepiness
- Pain complaints
- Hearing or vision difficulty
- Meal location and appetite observations
- Family contact
- Recent losses or changes
- Mood before and after one-to-one interaction
- Notifications made to Nursing, Social Services, or other disciplines

Documentation Example

Instead of: "Resident refused music."
Document: "Mrs. Lewis declined music group, stating, 'It reminds me of my husband.' Resident appeared tearful and maintained limited eye contact. Accepted a 15-minute individual visit and selected two hymns to hear in her room. She sang quietly during the second hymn and smiled at the conclusion. Social Services notified of recent change in participation and grief-related statement."

Step 3: Interdisciplinary Review

Share the pattern with Nursing, Social Services, Dietary, Therapy, the medical provider when appropriate, and the family/resident representative. Activity staff report observations; they do not diagnose.

Possible Contributor	What Activity Staff Can Observe / Report
Grief or loss	Statements about loss, tearfulness, avoidance of reminders
Pain	Guarding, grimacing, declining movement-based programs
Medication change	New sleepiness or change in alertness
Hearing/vision change	Difficulty following conversation or locating materials
Fatigue/illness	Sleeping more, decreased stamina
Environmental/social issue	Roommate conflict, fear of falling, loss of family contact

Interventions

- Offer grief-sensitive one-to-one visits.
- Arrange pastoral/spiritual support based on preference.
- Develop a personalized music playlist.
- Offer smaller groups rather than large programs.
- Offer a meaningful role, such as helping select hymns or music.
- Coordinate with family about routines and recent changes.
- Continue monitoring mood and participation.

Data to Track

Measure	Collection Method
Preferred activities offered	Daily activity log
Activities accepted	Daily activity log
Engagement score	During interaction
Mood before/after	Simple 1–5 mood rating
Time outside room	Daily observation
Meals outside room	Coordinate with Dietary/Nursing documentation
Family contacts	Family communication log
Statements of sadness/loss	Narrative observation + IDT notification

Sample Outcome After Six Weeks

- Group attendance increased from zero to twice weekly.
- One-to-one engagement increased from an average score of 2 to 4.
- Resident resumed attending religious services.
- Resident began eating lunch in the dining room three days per week.
- Resident stated that she preferred smaller groups and afternoon visits.

A change from a resident's normal pattern is data — even when only one resident is involved.

Case Study 3: Increased Distress During Afternoon Activities

Step 1: Define the Behavior Objectively

Avoid vague labels such as “agitated” or “difficult.” Record exactly what was observed.

- Called out more than five times
- Attempted to stand without assistance
- Pushed materials away
- Repeatedly asked to leave
- Struck the table
- Cried
- Wandered from the room
- Refused redirection

Step 2: Use an ABC Observation Form

A = Antecedent (what happened immediately before), B = Behavior (what exactly occurred), C = Consequence (what staff did and what happened next).

Time	Antecedent	Observable Behavior	Staff Response	Outcome
3:05	Seated near loud speaker	Covered ears and called out	Volume lowered	Calling out stopped
3:15	Instructions became lengthy	Attempted to leave chair	Offered simple task	Folded napkins
3:30	Not toileted since lunch	Repeatedly asked to go home	Assisted to restroom	Returned calm

Additional Data to Collect

- Program type and group size
- Noise level and room temperature
- Seating location
- Time since meal/snack and toileting
- Pain indicators and fatigue
- Staff approach
- Length of program
- Level of cognitive demand
- Use of familiar music/objects
- Whether resident had a meaningful role

Data Collection Period

Collect observations for two weeks across at least three different afternoon programs, with different facilitators and both higher- and lower-stimulation activities.

Possible Trigger	Number of Episodes
Excessive noise	9
Toileting need	7
Program too long	6
Complex instructions	5
Hunger or thirst	4
Unfamiliar staff approach	3

Intervention

- Reduce group size from 20 residents to 8–10.
- Limit activity blocks to 20–30 minutes.
- Use one-step instructions.
- Create a quieter seating area.
- Schedule toileting before the program.
- Offer drinks/snacks as appropriate.
- Provide familiar objects and repetitive tasks.
- Train staff in calm redirection.
- Offer an alternative sensory program.

Measures of Success

Measure	Before	After
Distress episodes per week	18	7
Residents leaving early	11	4
Successful redirection	38%	79%
Average engagement score	1.9	3.2

“Behavior” is not the root cause. It is a signal that something in the resident, environment, approach, or schedule may need to change.

Case Study 4: Social Isolation on a Short-Stay Unit

Step 1: Identify the Population

- Current short-stay residents
- Admission date and expected length of stay
- Therapy schedule
- Preferred interests and previous hobbies
- Usual daily routine
- Preferred type of social contact
- Barriers to participation

Step 2: Track Opportunities — Not Just Attendance

- Number of activity opportunities offered
- Time activity was offered
- Whether it conflicted with therapy
- Whether the resident accepted
- Type of engagement offered
- Duration
- Engagement score
- Resident's stated preference
- Reason for declining

Resident	Opportunities Offered	Accepted	Therapy Conflicts	Preferred Format
A	8	2	4	Evening cards
B	7	1	5	Sports discussion
C	9	4	2	One-to-one
D	6	0	4	Family video calls

Step 3: Conduct a Brief Isolation Check

4. "Do you have enough opportunities to visit with others?"
5. "Is there a time of day when you feel most alone?"
6. "What would make your stay more enjoyable?"
7. "Would you prefer group, individual, family, spiritual, or technology-based engagement?"

Example Findings

- Most scheduled programs conflict with therapy.
- Evening options are limited.
- Short-stay residents prefer brief programs.
- Residents want help connecting with family.
- Residents show interest in rehabilitation-focused activities, sports, current events, or technology.

Intervention

- Offer 15-minute activity rounds.
- Add an evening card or current-events group.
- Create a therapy-friendly activity calendar.

- Provide bedside engagement kits.
- Offer family video calls.
- Complete a welcome/interest visit within 48 hours of admission.
- Offer activities tied to rehabilitation goals and former routines.

Measures of Success

Measure	Baseline	After 8 Weeks
Initial activity visit within 48 hours	52%	94%
Activity/therapy schedule conflicts	48%	17%
Activity acceptance rate	24%	49%
Residents reporting enough social contact	46%	78%

Low attendance may reflect poor scheduling or delivery methods — not resident disinterest.

Case Study 5: Falls Associated With Activity Attendance

Step 1: Review Each Event

- Date and time
- Resident and activity
- Location of fall and direction of travel
- Mobility device and footwear
- Escort assistance required vs. provided
- Lighting, clutter, and distance traveled
- Time invitation/reminder was given
- Whether resident appeared rushed
- Toileting status
- Staff present
- Environmental conditions
- Injury, if any

Step 2: Map the Process

8. Activity staff announce the program.
9. Residents receive reminders.
10. Residents prepare to leave rooms.
11. Staff provide toileting or transfer assistance.
12. Residents travel to the activity area.
13. Residents select seating.
14. Residents leave when the program ends.

Ask where delays, congestion, communication gaps, or unsafe workarounds occur.

Example Findings

- Reminders are given only five minutes before start time.
- Residents requiring assistance begin traveling independently.
- Multiple residents leave at the same time.
- Walkers are placed out of reach during seated programs.
- Hallway congestion occurs after large programs.
- Nursing and Activities have no agreed escort process.

Intervention

- Begin reminders 30 minutes before programs.
- Identify residents requiring escort assistance.
- Create a transportation checklist.
- Stagger departure after large programs.
- Keep mobility devices within reach.
- Reserve accessible seating.
- Coordinate with Nursing before high-attendance events.
- Audit hallway conditions.

Data to Track

Measure	Method
Falls during activity transitions	Incident review
Near misses	Staff observation form
Escort-required residents assisted	Transportation checklist
Mobility devices within reach	Weekly audit
Reminder given on time	Program audit
Hallway hazards	Environmental rounds

Outcome Measures

- Falls related to activity transitions
- Near misses
- Escort compliance percentage
- Resident wait time
- On-time program starts
- Staff-reported transportation barriers

Activities can contribute to fall prevention by improving the system surrounding resident movement — not by discouraging participation.

Reusable Activity Department Data Collection Plan

Use this worksheet to turn a concern, observation, complaint, or trend into a structured quality-improvement data plan.

Planning Question	Your Facility / Department Plan
Problem / concern being studied	
Why it matters to residents	
Baseline data available	
What will be measured	
Who will collect the data	
Where it will be recorded	
How often it will be collected	
Collection start date	
Collection end/review date	
Other disciplines involved	
Possible contributing factors to examine	
Intervention to test	
Target for improvement	
How results will be shared with QAPI/IDT	

Quick Check Before You Start Collecting Data

- Is the measure clearly defined?
- Can two staff members collect it the same way?
- Is the information already available somewhere else? Avoid duplicate documentation when possible.
- Will the data help answer the actual question?
- Is there a clear target or definition of improvement?
- Is resident preference and choice represented in the data?

Suggested Engagement Scale

Score	Description
0	Declined or did not participate
1	Present but disengaged
2	Observed with occasional response
3	Participated with prompting
4	Participated independently
5	Highly engaged, assisted, or led others

Suggested Mood/Response Scale

Score	Observation
1	Distressed, tearful, or highly withdrawn
2	Sad, anxious, or minimally responsive
3	Neutral or calm
4	Pleasant, responsive, or smiling
5	Cheerful, animated, or initiating interaction