



**Remarks to Long-Term Care Staffing Study Advisory Group
Ministry of Health
March 11, 2020, 10:00am – 11:50pm**

Good morning, thank you for this opportunity to meet with the Long-Term Care Staffing Study Advisory Group. My name is Katherine Plested, President-Elect at Therapeutic Recreation Ontario. Established in 1999, TRO is a professional association that represents over 1800 members including recreation therapists, educators and students.

At Therapeutic Recreation Ontario, we have been very concerned about staffing in LTC, and we are pleased that the Ministry is undertaking this study. We are concerned because we believe that Long Term Care is an undervalued sector of our health care system and has a reputation of being the place where people go to die. We know that life in LTC can be so much more and we are here today to talk about that.

We also believe that Therapeutic Recreation is one of the most misunderstood and least understood health care professions. People think it is about bingo, birthday parties and bible study – not true. It is about bringing joy and meaning and quality of living to the people who live in a long-term care home. It is about using assessments, tools and resources to create meaningful experiences. It's about being part of an inter-collaborative team that looks at the whole person. We certainly believe that nursing and personal support worker care is important and should be a priority, but once a person is out of bed, fed, dressed and received their medications, then what

do they do with the rest of their day? That's where Therapeutic Recreation plays a meaningful role.

Staffing models:

When thinking about staffing models, we first need to be thinking about what kind of culture we want to create within the care home. If we truly believe that care homes are to be resident-focused, then we need foundational principles upon which staffing models are built such as quality care, meaningful engagement, effective communication (with residents, families and across staff teams), and finally, adequate, stable funding.

Then you need to hire qualified staff. What does this look like in recreation? It used to be that anyone could work in the Recreation department. Fortunately, with the changes in the Long Term Care Homes Act 2007, staff working in Recreation and Leisure services must now have a post-secondary diploma or degree in recreation and leisure studies, therapeutic recreation, kinesiology or other related field from a community college or university. This is a good step in the right direction, but we believe the education requirements are still too broad. Rec and leisure college programs and kinesiology programs don't offer the training to understand the therapeutic processes and impact behind TR, and the definition of a 'related field' is determined by the employer. That means that a Social Service Worker can be hired as a Recreation Therapist – you would never hire a recreation therapist as a SSW. Today, residents in long term care have complex needs. In the 2018 OLTCA Annual report, 90% of residents in long-term care have some form of cognitive impairment, not solely from dementia but from other causes such as stroke and brain injury. People educated in therapeutic recreation also receive training in mental health and complex health conditions. They are trained to identify and understand a changing situation, quickly assess what is going on, and

adapt on the fly. They understand the underlying therapeutic processes and benefits to the program, activity or treatment in order to have greater benefit and success for the person.

Therefore, TRO recommends that the minimum qualification for hiring recreation staff be a diploma, degree or post-graduate certificate in Therapeutic Recreation. To date there are six post-secondary education institutions that have aligned their curriculum to meet the TR standards of practice and the competencies required to practice as a qualified Therapeutic Recreation professional. Another three have committed to doing so in 2020.

In addition, TRO has developed a designation, which signifies an applicant has achieved excellence in their profession. It is recognized by employers across all sectors where therapeutic recreation is practiced including mental health, rehabilitation, hospitals, palliative care, and more.

I'd like to share with you an example of where we've seen TR staff make an impact. Southbridge Roseview is a long-term care home in Thunder Bay where staff were challenged by responsive behaviours. So they tried a new strategy – they hired more therapeutic recreation professionals. They soon found that the personal expressions were decreasing as people were feeling less bored, depressed and isolated, and there was less wandering at night because people were tired by the end of the day and sleeping through the night.

Many BSO positions are now requiring staff with education in therapeutic recreation as the minimum qualification and those with their designation or certification are preferred. Why? Because qualified TR's are able to look at the whole person and situation. They are creative in developing interventions that have the most

meaning to the resident and that build on the strengths of the person, no matter the complexity of their conditions.

Therapeutic Recreation can also play a significant role when a person is at end-of life, helping the person to have comfort and dignity in their last days.

Throughout these consultations, you are going to hear about different culture change models of care in long term care such as the Butterfly Model, and the Eden Alternative. We are not going to recommend or endorse one over the other, but what we will say is that there are elements to each that contribute to their success: organizational culture being one – this translates into a full commitment to the model from corporate down through to front line staff, and the second being adequate funding. All staff need to have sufficient time to meaningfully engage with residents – it's not just about a PSW getting the resident dressed in the morning as quickly as possible, it's about talking to the person and getting to know them, taking a few minutes to listen to them reminisce. Those few moments are going to start the resident's, and staff's, day off on a better footing. And it's about dignity, respect and understanding. Dementia, doesn't mean that a person doesn't have value and is not capable of experiencing joy and meaning, or pursuing leisure activities that they used to engage in. For example, a resident may have previously loved to play euchre. With dementia, they can still play euchre as qualified TR staff know how to adapt the game so the resident can still experience the rush of 'going alone' or have a good laugh when they are euchred. Even though someone has had a stroke doesn't mean they can no longer play golf, they may still have use of a limb and a TR knows how to adapt the game so the resident can continue to enjoy it.

To have the time to do this in a meaningful way, means that recreation staffing ratios need to change. When we have ratios of

1:45 or even as high as 1:90, we are not able to create meaningful experiences. We are creating large group programs that are serving few needs. If ratios were lowered to 1:32, based on a resident home area 32-bed unit, we would have the capacity to offer smaller group activities that provide the resident the time to really feel the experience and be engaged. There is no reason why someone with dementia who used to be an artist, can no longer enjoy art, it just might mean it has to be a smaller, more individualized experience.

Bottom line, a home cannot provide meaningful, quality care on \$12.06 per resident per day which is supposed to cover everything from specialized therapies, recreational programs and supportive services. It just cannot be done to the benefit of the resident.

Your second question spoke to recruitment and retention of staff.

There are 13 post-secondary schools graduating hundreds of Therapeutic Recreation students each year, but we have found that after the first year, many are leaving the profession because they cannot find work or exist on part-time, casual hours where they are only working the evening and weekend shifts, which are minimally staffed, and making just above minimum wage

We believe that when staff receive decent pay, have stable employment, access to benefits, and share a sense of belonging to the inter-collaborative care team, homes will have greater success in retaining qualified staff.

We also suggest that when marketing careers in LTC, that you highlight the many positive moments and experiences that occur when working in LTC. The face of LTC has changed. It is no longer just the 'sweet grandmother', LTC homes have residents of varying ages who may have a variety of complex mental health, physical and medical conditions. I fully believe that working with this new resident population in LTC offers a challenging and rewarding career.

We appreciate that time is limited, and we welcome future opportunities to discuss the role of therapeutic recreation in long term. Thank you for this opportunity. I am happy to answer any questions.

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