Therapeutic Recreation in Long Term Care

Where we’ve come from and the places we can go!
My journey to long term care…

- Royal Ottawa Mental health Centre-Geriatric Psychiatry
- Royal Ottawa Place
- Osgoode Care Centre
History of Long Term Care in Ontario

- Society always took care of its elderly
- Rural families often had elderly parents living with them
- Religious and ethnic groups sponsored the first long term care services which were restricted to residential care
- Now, LTC has become an ever expanding business opportunity
St. Patrick’s Home - Ottawa

- 1865 House of Refuge for the Irish Poor
- St. Patrick’s Orphanage and Asylum
- Run by the Grey Nuns
- 1961 shifted focus for the care of the elderly and became a Home for the Aged
- 1993 became a Long Term Care facility with residents who had greater care needs.
- Now operated by the Catholic Health Corporation of Ontario
- “Founded two years before confederation, it is one of oldest homes for the aged in Ontario”
Extendicare

- 1968 – opened its first home in Ottawa
- **TODAY**
  - Owns and operates 58 LTC homes in Ontario, Manitoba, Saskatchewan and Alberta
  - Paramed – 45 locations across Canada
  - 6 retirement communities and 4 new coming communities
  - Manages 54 LTC homes in Ontario, Manitoba and Alberta
Changes in Regulation

- Prior to 2007, there were three pieces of legislation that governed long term care:

  - **Charitable Institutions Act (1951)** - operated by charities
  
  - **Homes for the Aged and Rest Homes Act (1949)**
    - These homes were operated by municipalities
    - Facilities for recreational, etc., activities
    - 17. The council of a municipality having a home, the councils of the municipalities participating in a joint home or the board of management of a home shall provide in accordance with the regulations such space, equipment and materials as will contribute to the well-being of the residents of the home or joint home and as will enable the residents to participate in recreation, handicrafts, continuous learning and similar activities, both within and outside the home or joint home. R.S.O. 1990, c. H.13, s. 17.

  - **Nursing Homes Act (1966)** – for private for-profit nursing homes that had been unregulated up until this point
Standard 1: Service Provision

There shall be recreation and leisure services that are organized to provide age-appropriate recreation, leisure and education opportunities based on and responsive to the abilities, strengths, needs, interests and former lifestyle of the residents.
Criteria:

- **E1.10** The person responsible for managing recreation and leisure services shall be qualified by education and experience for the responsibilities of the position.

- **E1.11** The staff who provide recreation and leisure programs shall be qualified by education and/or experience for the responsibilities of their position.

- **E1.12** Staffing requirement to provide activities for recreation/restorative care program shall be: a minimum of 40 hours (or the facility maximum full-time hours) for each 60 residents. Note: staff hours may be applied to both recreation and leisure service and restorative care provide in therapy services.
Guidelines:
A variety of leisure and recreation opportunities should be provided for residents to:
- Have fun and enjoyment
- Improve self-esteem
- Participate with others of various ages
- Socialize and enjoy companionship
- Maintain their desired involvement with the community
- Participate in learning opportunities
- Retain former lifestyle and interests
- Maintain leisure skills and learn new ones
- Be creative
- Be involved in therapeutic and diversional activities
- Maintain contact with news and current events
Long Term Care Homes Act, 2007

- Came into effect in July 2010

- Two pieces:
  - The statute
  - The regulations
“The fundamental principle to be applied in the interpretation of this Act and anything required or permitted under this Act is that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.
Significant Changes with the LTCHA, 2007

- **Resident Bills of Rights**: Expanded from 19 in previous legislation to 27 rights. Enforced Bill of Rights

- **Specific services**
  - Nursing – RN 24 hours a day (no specific ratios for PSWs)
  - Restorative Care
  - Recreation and Social activities (for those who are unable to leave their rooms or who have cognitive impairment)
  - Dietary services, hydration
  - Medical services
  - Religious and spiritual care programs
  - Accommodation services – laundry, housekeeping, maintenance
  - Volunteer programs
Significant Changes with the LTCHA, 2007

- Duty to Report, Whistle-blowing protection, toll-free ACTION line to voice complaints, concerns, questions
- Orientation requirements: staff, volunteers
- Mandated Programs: falls, restraints (least restraint policy), skin and wound, continence
- Required development of an integrated interdisciplinary plan of care
- Yearly unannounced Annual Inspections
- Mandated Resident Councils, encouraged Family Councils
- Qualifications- Recreation, Food Service Workers
The Statute:

Recreational and Social Activities

10. (1) Every licensee of a long term care home shall ensure that there is an organized program of recreational and social activities for the home to meet the interests of the residents. 2007, c.8, s.10(1)

Certain cases

(2) Without restricting the generality of subsection (1), the program shall include services for residents with cognitive impairments and residents who are unable to leave their rooms. 2007, c.8, s.10(2)
The Regulations
Recreational and Social Activities program
65. (1) This section and sections 66 and 67 apply to the organized recreation and social activities program for the home required under subsection 10(1) of the Act.

(2) Every licensee of a long-term care home shall ensure that the program includes:

(a) The provision of supplies and appropriate equipment for the program

(b) The development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered days, evenings and weekends

(c) Recreation and social activities that include a wide range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests

(d) Opportunities for resident and family input into the development and scheduling of recreation and social activities

(e) The provision of information to residents about community activities that may be of interest to them

(f) Assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently
Designated lead

66. (1) every licensee of a long term care home shall ensure that there is a designated lead for the recreational and social activities program.

(2) The designated lead must have,

(a) a post-secondary diploma or degree in recreation and leisure studies, therapeutic recreation, kinesiology or other related field from a community college or university: and,

(b) at least one year of experience in a health care setting

(3) Subsection (2) only applies with respect to designated leads designated after the coming into force of this section
Recreational and Social Activities qualifications

67. (1) Every licensee of a long term care home shall ensure that staff members providing recreational and social activities in the home

(a) 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: or

(b) are enrolled in a community college or university in a diploma or degree program in such a field

(2) the licensee shall cease to employ as a recreational and social activities staff member a person who is required to be enrolled in a program described in clause (1) (b) if the person ceases to be enrolled in the program or fails to successfully complete the program within three years of being hired.

(3) this section does not apply with respect to a staff member who was providing recreational and social activities in the home immediately before the coming into force of this section
Who lives in long term care?

- 97% need help with ADLs,
- 1 in 3 are highly or entirely dependent on staff
- 97% have two or more chronic conditions such as arthritis or heart disease
- 90% have some form of cognitive impairment, 1 in 3 are severely impaired
- 46% exhibit some level of aggressive behaviour related to their cognitive impairment or mental health condition
Who lives in long term care?

- 61% take 10 or more different prescription medications
- 58% use a wheelchair
- 40% have a mood disorder such as anxiety, depression, bipolar disorder, or schizophrenia
- 38% need monitoring for an acute medical condition
- Primarily female
Long Term Care Funding

- **4 funding envelopes:**
  - Nursing and Personal Care $100.91 per resident per day based on 1.0 CMI using RUGs.
  - Program and Support Services $9.79 per resident per day
  - Raw Food $9.54 per resident per day
  - Accommodations $56.52 per resident per day

- **Total** $176.76 per resident per day

- **July 1, 2018**
Expenditures on the salaries and benefits and purchased services for active staff:
  e.g. physiotherapist, speech-language therapists, occupational therapists, OT/PT aides, recreational staff, volunteer coordinators, social workers, registered dietician times

Training and education

Equipment, supplies
The Township of Osgoode Care Centre was a vision of the community in 1978.

It was realized that many of its elderly residents had to move out of the area when they were no longer able to care for themselves in their own homes.

The residents of the Township took action and set about to build a home within their township. Through countless hours of fundraising and planning, their dream became a reality with the first resident moving into the home in March of 1986 with 53 long term care beds and 17 residential care beds.

In 1992, the residential care beds were transformed into long term care beds and in 2004, the building was expanded to accommodate 30 more long term care beds, to a total of 100.

With the change in long term care bed admission practices, the home became not just for those living in the township but was opened to anyone needing long term care within the Champlain Health District. However, the majority of the residents are from the Township – an area encompassing the villages of Osgoode, Greely, Metcalfe, Vernon, Edwards, Kenmore, Marionville, Manotick and surrounding area.
The early days in long term care.....

- **Start date:** **November 7, 2010**
- **Activities** department had two full time and two part time Recreation Assistants and one Recreation Aide

- The day’s schedule included:
  - making toast at breakfast,
  - serving tea and coffee,
  - then distributing mid-morning snack,
  - serving tea and coffee at lunch,
  - distributing mid-afternoon snack and
  - serving tea and coffee and supper.
Changes over the years

- Tea and coffee at meal time only
- Meal service support on Rideau for breakfast and lunch
- Still contributing 70 hours a month to meal service assistance
- Ministry comment during an annual inspection; “all hands on deck at meal time”
Changes over the years

- Shift from large group programming to small group and 1:1 programming – shift to spontaneous programming with culture change
- Change from Medicare to Point Click Care on-line charting system.
- Life stories = leisure assessments
- Care plans are individualized
- “Recreation Assistants” to “Recreation Programmers”
- complete the quarterly RAI-MDS, summaries and update care plan
- Attend annual care conferences
- Enhanced technology: LinkedSenior vs Activity Pro program vs paper method of tracking involvement
Culture change

“Culture change is the common name given to the social movement to transform LTC and retirement living towards resident-centred and resident-directed values and practices, where the voices of older adults and those working with them are considered and respected. Core resident-centred values include choice, dignity, respect, self-determination and purposeful living. In this guidebook, we define culture change as a shift from an institution model of care to a special model of living: a shift in focus from providing care to supporting living. We must still provide excellent health care, but without making it the central focus. Culture change calls us to put living first.”

Schelgel Centre for Learning, Research and Innovation in Long Term care
“Working Together to Put Living First: A guide book to change the culture of Aging in Long Term Care”. 2015.
Culture change and redevelopment

- Redevelopment of beds in the province by 2025
  - Osgoode Care Centre is hoping to be redeveloping 68 beds to meet the 2004 Design Standards and to add 28 beds
  - Working with an architect and long term care consultant
- “New Walls, New Ways”
  - Eden Alternative Certification, Eden
  - Goal is to become an Eden home.
- Living Lab – Rideau RHA
  - to work as a team- nursing, PSWs, FSWs, Recreation, housekeeping
Challenges:

- TR professionals working in LTC are often department managers, wearing several hats:
  - Recreation programming
  - Interdisciplinary team members – committees, care conferences
  - Volunteer/student placement coordinator,
  - Religious and spiritual support coordinator,
  - Resident Council Assistant
  - Coordinate Annual Resident Satisfaction survey
  - Quality Improvement Coordinator
- Understanding of role of Recreation and TR by other disciplines
- BSO Ontario - does not include recreation/RT but this is changing in various LHINs
- Ratios of Recreation /TR staff to residents
The winds of change.....

- **Opportunities:**
  - **November 2017** it was announced that over the next 4 years, 5000 new long term care beds will be added and 30,000 LTC beds added over the next 10 years
  - 15 million more hours of nursing, personal support and therapeutic care every year will be added
  - The average of direct care will increase to 4 hours per day, once fully phased in
  - However.........................
The winds of change....

- New government- New plans
- March 2019 Health Minister Christine Elliott announced that the government is adding 1,157 new long term care beds at 16 facilities across the province.
- The government’s plan is to add 15,000 LTC care beds over 5 years
- However, there has been no mention of any funding for additional staffing
The TR journey for change

- TRO’s letter to Minister Eric Hoskins
  - Addresses how TR can help residents to overcome the three plagues of long term care:
    - Boredom, hopelessness, helplessness
  - Role on BSO teams
  - Education requirements and hiring practices
- **TRO Advocacy committee**
The TR journey for change

- We need to strongly advocate for our valuable role in Long Term Care:
  - The long term care associations:
    - Ontario Long Term Care Association (OLTCA)
    - AdvantAge Ontario (previously known as OANHSS)
      - Be present at their conferences – presentations, trade show booth
    - Ontario Association of Resident Councils (OARC)
      - Educate the residents of Ontario on our role and value we can add to their lives
The TR journey for change

- Change the language spoken in our homes
  - Job titles e.g. Activities Manager, Activities department

- Educate all staff on the role and purpose of recreation

- Be active members of the interdisciplinary team
  - Care conference
  - BSO teams
  - Committees

- Advocate on behalf of the people who live in our LTC homes

- Culture Change
CLINICAL RECREOLOGIST

COMPETITION NUMBER FC-88-232

Location: Royal Ottawa Hospital, Carling Avenue Site, O.D.H. G.O.P.

Position: Permanent Full-Time Clinical Recreologist

Salary Range: $25,125.00 to $34,225.00 per year

Duties:
- Active Member of O.D.H. & G.O.P. clinical teams.
- Plan and implement a balanced recreation program including leisure activities, leisure education, individual counseling and group leisure planning.
- Train and supervise volunteers.
- Complete written assessments and progress reports.
- Develop and utilize community recreation resources appropriate to the geriatric population.
- Plan recreational projects with patients, i.e. Brewmaster Society.
- To be involved in Recreational Dept. meetings and project work groups.
- Other responsibilities related to implementing recreation services and programs within the hospital.
- Work flexible hours.

Qualifications:
- Post secondary diploma or degree in Recreation with specialty courses in Therapeutic Recreation.
- Ability to conduct leisure programs including fitness, crafts, leisure counseling, social and cultural activities.
- Able to function as a team member in the assessment and treatment plans for patients.
- Certification in CPR - able to document on the patient chart.
- Two years experience with psychiatry is preferred.
- Bilingualism (English/French) essential.

Please apply in writing no later than December 30, 1988.

Manager, Communication & Benefits
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The TR journey for change

- Work with the long term care service providers to understand and adopt our Standards of Practice:
  - Licencees of homes
  - Medicare, GoldCare, Point Click Care – care plans, summaries, assessments
- Develop best practices for TR in Long Term Care, similar to RNAO
- Enhanced education in the area of dementia and TR
  - (Rosemarie Dunne)
- Establish a R/TRO forum to support those working in long term care
- Support R/TRO designation for those working in long term care
What are some other ways to change/enhance TR in LTC along its journey?
2012 Dr. Samir Sinha wrote the Sinha Report: Living Longer, Living Well which offered 169 recommendations. This formed the basis of the 2013 Ontario’s Action Plan for Seniors with three overarching goals:

- To help seniors be healthier and stay at home longer
- To promote senior friendly communities that enhance wellbeing and participation
- To help seniors to live safely, independently and with dignity
Seniors (65 years and older) are the fastest-growing age group in Ontario
- 2.3 million in 2016
- 4.6 million in 2041

Seniors represent the fastest growing demographic of internet users – 70% go online every day
The face of long term care is changing

The culture of long term care is changing

Our roles, as TR within long term care, are slowly beginning to change
“If you’re searching for that one person that will change your life, take a look in the mirror.”
Q & A
References

- Long-Term Care Homes Program manual
  http://www.ontla.on.ca/library/repository/mon/24002/298748.pdf

- Long Term Care Homes Act, 2007
  https://www.ontario.ca/laws/statute/07l08#BK17

- Advocacy Centre for the Elderly, A Brand new World: Ontario’s New Long-Term Care Homes Act, October 2010

- Aging with confidence: Ontario’s Action Plan for Seniors, November 2017

- Ministry of Health and Long Term Care, Policy: Behavioural Supports Ontario Staffing Resources, December 2017
Osgoode Care Centre is Bad to the Bone

https://www.youtube.com/watch?v=rNUyv4GLNkA