

Proposal to the Ministry of Long-Term Care: A blueprint to combat LTC residents' helplessness, loneliness and boredom.



“Recreation services are extremely important to offer residents in Long-Term Care. This essential service is part of our life and what we define as home. Resident Council brings a sense of belonging and inclusion. We have a voice together with help from Recreation staff. Without Recreation, everyday would bring boredom with no sense of belonging with other residents. An absence of Recreation for each residents’ interest is a decline in our individual well-being.”

– Tom Edmondson, Riverview Gardens, Long Term Care, active member of the Residents’ Council

Proposal to the Ministry of Long-Term Care

Therapeutic Recreation Ontario (TRO) is pleased to provide this proposal to support the Ministry of Long-Term Care's transformation of the Long-Term Care (LTC) system.

Introduction:

The things that are important to quality of life are often taken for granted until they are taken away. Long-Term Care homes should not be devoid of what brings joy to life. They should offer an environment that fosters and promotes overall **quality of life and well-being for all** in the long-term care setting, supporting residents, team members/staff, and family members to *thrive*.

It is with this principle in mind that Therapeutic Recreation Ontario developed this proposal to support the provincial government in its efforts to transform the Long-Term Care system. The COVID-19 pandemic focused a spotlight on the many long-standing problems in Long-Term Care (LTC) homes, including inadequate funding, outdated oversight, and ineffective staffing models, all of which have put the health and safety of residents and staff/team members at risk. Recognizing that Therapeutic Recreation is part of the ecosystem within the Long-Term Care home system, our proposal addresses some of these issues.

Therapeutic Recreation is Essential in LTC Homes:

The Long-Term Care Homes Act, 2007 states '... 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".

Qualified Therapeutic Recreation (TR) professionals are trained to understand the mental, physical, psychological, spiritual, and social domains of **residents with diverse and complex needs and abilities**. They support quality of life outcomes through therapeutic interventions based on individual assessments and treatments which includes developing meaningful programs and providing individualized support such as:

- Baking/Meal Groups
- Community Outings
- Gardening
- Intergenerational Programs
- Adaptive Sports (Golf, Bowling, Curling, etc.)
- Laughter Yoga
- Pet Therapy
- Physical Support (Fun & Fitness, Chair Yoga, Tai Chi, Wellness Walks)
- Cognitive Stimulation (Mental Aerobics, Name that Tune, Reminiscing, Armchair Travel, Current Events, etc.)



At Hillsdale Terraces, Tanis Head, coordinator of recreation and therapy and Andrea Andrus, recreation programmer, engage Betty, a resident, in a meaningful activity that is important to her. Reprinted from [Oshawa This Week](#)

Therapeutic Recreation is not about diversional therapy, activity for the sake of being busy or a distraction. **In LTC homes, Therapeutic Recreation is about bringing joy and quality of life to residents. It is about maintaining each resident's sense of meaning and purpose, and their capacity for happiness, relationality, self determination, and autonomy.** LTC homes are meant to be, first and foremost, *homes*, places where residents can continue to live a good life. *Therapeutic Recreation is vital to creating an environment of living a full life, of thriving, in LTC homes.*

The population in LTC homes today is more diverse than ever before as many residents present complex medical, physical, mental health, and/or cognitive challenges. While we need to redevelop many beds in the province, **the designs of new and existing builds must also reflect a culture change, moving away from a medically-focused, task-driven model of care to one that is more socially-focused, home-like, and person- and relationship-centred.** The

current regulations and legislation are restrictive, outdated, and no longer reflective of the complex needs of the older adult population that now live in long-term care homes. They also limit the abilities of staff/team members to practice in person- and relationship-centred ways.

LTC homes should be a place where residents live a purposeful life, with dignity and respect, and feel valued. They need to be places where we care for more than their bodies. They **MUST** be places where we care for the person's body, mind and spirit. They must be places where people thrive!

With this in mind, TRO is proposing the following:

1. Strengthen Staffing Qualifications – Require Relevant Skills and Competencies

The Long-Term Care Homes Act (2007) identifies the following qualifications for Recreational Activities and Social staff:

- *Currently staff working in Recreation and Leisure services must 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 be enrolled in a community college or university diploma or degree program in such a field.*

Therapeutic Recreation Ontario believes that general recreation and leisure programs and kinesiology programs do not offer the specialized training to understand the therapeutic processes and impact behind TR. The definition of 'related field' is determined by the employer. Again, this means that in some cases people with education in social service work, dietary, or geriatrics, and with no education or training in Therapeutic Recreation and little understanding of therapeutic processes and impacts, are hired to meet the leisure and recreation needs of residents with complex physical, mental and health needs. Frankly speaking, a Therapeutic Recreation professional would never be hired as a kinesiologist. Why is the reverse acceptable?

In Ontario, there are 12 Therapeutic Recreation post-secondary programs with approximately 1500 students enrolled annually. These schools are:

- 3 – degree (i.e., Brock University, Seneca College, University of Waterloo,)
- 5 – diploma (i.e., Canadore College, Confederation College, Lambton College, Mohawk College, and Niagara College)
- 4 – post-graduate certificate (i.e., Algonquin College, Fleming College, Georgian College, St. Lawrence College)

Of these, seven have aligned their curriculum with the TRO [Essential Competency Framework](#), which was developed based on the TRO [Therapeutic Recreation Standards of Practice](#). Furthermore, all schools offer best practice training and practical experience in supporting personal expressions (responsive behaviours) and complex health needs.

Recommendations:

- Change the minimum hiring qualification for all Therapeutic Recreation staff working in LTC homes/settings to having a diploma, degree or post-graduate certificate in Therapeutic Recreation.
- Establish hiring standards which include **consistent education requirements**, consistent job titles and appropriate compensation for TRs.
- Require new hires to qualify for the provincial professional designation. The designation is awarded to applicants who have achieved excellence in Therapeutic Recreation by meeting qualifications in TR education, practical experience, and professional development.

How this will make a difference:

Therapeutic recreation interventions for person with Dementia have been associated with decreased loneliness, boredom, and depression. (Buettner, Eamp, Fitzsimmons, 2002)

In one care home, a gentleman who had Dementia became quite agitated every afternoon. It was the Recreation Therapist who took the time and had the skills to uncover the root cause of the agitation. It turned out he was missing his daily routine of going to Tim Hortons with his wife. The Recreation Therapist purchased Tim Hortons coffee pods and cups and ensured that every afternoon someone sat with him to share in a cup of coffee. Rather than medicating him or ignoring him to the point the Behaviour Support team had to be called in, all it took was for a skilled Recreation Therapist to determine the issue and create a personalized, cost-effective solution.

Trained TRs know how to de-escalate personal expressions/responsive behaviours that, if handled inappropriately, could easily become a critical incident involving falls, violent outbursts, hospitalization, and unnecessary use of medications. Therapeutic Recreation professionals are trained to de-escalate situations, in turn, when residents are engaged in more meaningful and purposeful programming, personal expressions/responsive behaviours such as insomnia and wandering, are decreased because people are tired at the end of the day and sleep better at night. This suggests that funding should be increased for meaningful, purposeful and intentional programming that meets the needs of residents. Fewer responsive behaviours/personal expressions will result and quality of life of residents will increase.

This helps to reduce health care costs of hospital admissions and unnecessary use of anti-psychotic medications as well as medical and/or physical restraints.

Long term aerobic exercise has a significant impact on improving cognitive functioning, behaviour, and functional mobility in persons with Dementia living in long term care. (Cancela, Ayan, Varela; Seijo, 2018)

Ontario's post-secondary school system is producing a pipeline of qualified Therapeutic Recreation graduates who are ready, willing and able to work. But, in order to keep these young professionals in the field, they must be employed in permanent, full-time positions that allow them to build a life of their own. The current employment situation of part-time, low-wage positions means that these professionals are leaving TR after a couple of years feeling disillusioned, disappointed and in debt as they are still paying for their education.

When TR is properly staffed and resourced, residents and their families will see and feel the difference in the short and over the long-term. For example, individual, small and large group programs will clearly account for the needs, interests, and various abilities of all residents. Resident's level of satisfaction with the service and care will increase. LTC leaders and managers are likely to experience decreased quality of life complaints from residents and families.

An increasing number of employers across all health care settings, including those hiring BSO positions within LTC homes, are requiring that applicants be a recognized Therapeutic Recreation professional with education in TR, membership with TRO and/or hold the TRO designation.

Implementation can happen as vacancies occur in LTC homes and as the LTC home system is expanded. There is a level of risk, as some existing staff may feel threatened; however, this can be mitigated by supporting staff through coaching and mentoring which will also increase their skill level.

2. Improve the TR staff to resident ratio:

Many studies have demonstrated that *"older adults living in long-term care settings participate in fewer activities, spend larger amounts of time doing nothing ... have less social contact than their counterparts living in the community" and have few opportunities to participate in community (Dupuis et al., 2005, p.*

278). *As a consequence, feelings of isolation, loneliness, helplessness, boredom, decreased self-esteem, and depression are often reported by residents (Dupuis, Whyte, & Carson, 2012).*

Currently, **recreation staff to resident ratios can be as high as 1 to 160**. This ratio significantly limits, and in most cases, makes it impossible for Therapeutic Recreation professionals to provide the support necessary to achieve an acceptable level of quality of life for all individuals living in LTC homes. There is no time to **develop relationships** with residents, **assess their needs and abilities**, and understand who they **uniquely** are and what they want for their lives while living in the LTC home. Without any other options, staff are forced to resort to running group programs to the masses which offers therapeutic benefits to only a few. The role of a Therapeutic Recreation Professional is not to entertain, but to engage. High resident to staff ratios limits the opportunities for residents to live the lives they deserve.

As Kristine Theurer, founder of Java Group Programs, has been noted to say, “You may see many residents engaged in programs when you walk into a care home, but if you look a little closer, you’ll notice that it is always the same 30 percent or so there. The other 70 percent are off in their rooms. Some are fine, but many are suffering.”

Recommendations:

According to the 2014 Long-Term Care Home Design Manual, the Resident Home Areas must be clearly defined with distinct units located on the same floor and provide accommodation for a maximum of 32 residents. Based on this, we recommend that:

- the ratio of TR practitioners to residents in Ontario’s Long-Term Care homes be decreased from 1 to 60 to 1 to 32, and less if possible. This allows the TR to get to know and understand what is important and meaningful to the resident, develop an individualized plan, and do the important work of building community in the LTC home setting.

How this will make a difference:

In a study of resident with Dementia, therapeutic recreation activities resulted in an increase of positive affect and a decrease in responsive behaviours. (Kolanowski, Buettner, Costa, Eamp, Litaker, 2001)

Increasing the TR staff to resident ratio is a cost-saving preventative measure rather than an expensive reactive response that involves nursing interventions and pharmacological medications.

Having more Therapeutic Recreation staff who are trained to anticipate and de-escalate responsive behaviours/personal expressions working with reduced resident caseload, LTC homes will experience a reduced number of responsive behaviours rather than constant spikes that require more costly interventions.

Residents will feel more valued as individuals. The TR staff will have the time to get to know the resident as a person, not just another body that needs to be busy. Residents will feel heard and listened to as their days will be filled by experiences that are meaningful to them. While there will always be programs, there will be more time to do individualized activities such as reminiscing with a resident, having a conversation to talk about current events or what is happening in the home. There will be time to learn what is really important to the resident and to create a safe space for the resident to say what is on their mind. In one home, a resident expressed how important it was to for staff to know and call him by his name. It is not that staff do not care, they do, but when there are too many people to care for,

simple things like this can be forgotten, and yet can make an important difference in the life of the resident.

The risk to implementation is the cost to the long-term care sector. This one may take longer to implement, but if it is not worked into a plan and made a priority, it will never happen.

3. Recognition of the Essential Value of Therapeutic Recreation for the Overall Well-being and Quality of Life of Residents, Team Members/Staff, and Family Members:

Despite the importance recreation and leisure plays in people's lives and their positive impact on resident's physical, psychological, social, spiritual and cultural well-being, meaningful Therapeutic Recreation programs and activities continue to be under-valued and under-resourced, as demonstrated in the 2018 Ontario Budget, LTCH Level-of-Care Per Diem Funding Summary:

- \$149.95 per resident, per day
 - Approximately \$100.91 per day for nursing and personal care (such as assistance with personal hygiene, bathing, eating, and toileting)
 - **\$12.06 per day for specialized therapies, recreational programs, and support services**
 - \$9.54 per day for raw food (ingredients used to prepare meals)

The vast majority of funding is focused on the two to three hours of body care needed, and yet there are 24 hours in day. It makes for a very long day when a resident is faced with the remaining 11 – 15 hours with little joy, purpose or meaningful engagement.

Especially throughout the pandemic, Therapeutic Recreation professionals feel under-valued and they have not been recognized as 'health care heroes' alongside their PSW and nursing colleagues. When all staff members feel valued, recognized and supported, this will be reflected in their daily interactions and care of residents.

Recommendations:

- Acknowledge the essential value of Therapeutic Recreation to the health and social well-being of LTC home residents by establishing a protected envelope of funding that supports Therapeutic Recreation in LTC home settings.
- Increase funding for Therapeutic Recreation programs by an initial \$6.00/day per resident with regular increases related to inflation, and resident's ever-changing complex needs so they are appropriately resourced and recognize the strengths, interests, and dignity of residents.



Connection: *Each week Bill looks forward to his visit with "Sasha". Facilitated by Recreation Therapy, the dog brings a sense of unconditional love without judgement.*

- Ensure consistency of care by:
 - Increasing wages of TRs in LTC homes so that it recognizes the specialized education, skills and competencies of qualified Therapeutic Recreation professionals
 - Ensuring stable, full-time jobs. The pandemic has highlighted the catastrophic results when employees must work two to three jobs in order to seek out a living. This reality is true for Therapeutic Recreation professionals just as it is for PSWs.

4. Documentation must reflect the impact of Therapeutic Recreation

According to the Resident Assessment Instrument (RAI) guide, the RAI-MDS is an assessment platform that helps staff gather definitive information on a resident's strengths and needs which must be addressed in an individualized care plan. It also assists staff to evaluate goal achievement and review care plans accordingly by enabling the facility to track changes in the resident's status. Lastly, it is used to calculate **the CMI (Case Mix Index) for funding.**

The RAI-MDS 2.0 helps staff to look at residents holistically – as individuals for whom quality of life and quality of care are mutually significant and necessary. Interdisciplinary use of the RAI-MDS 2.0 promotes this very emphasis on quality of care and quality of life.

Embedded in the RAI-MDS are decision support algorithms. They summarize information from the assessment and can be used to support both clinical and organizational decision making. The outputs from these algorithms can be compared over time to monitor change and enable an assessor to see whether the resident is responding to the interventions. Scales that are available in the RAI-MDS include: cognitive performance, activities of daily living, behavior, pain, depression and social engagement.

In addition, RUG (resource utilization group) is a grouping of methodology used to categorize continuing care based on the clinical and estimated resource utilization similarities of the individual assessed. Each RUG Group is associated with a CMI value that provides an indication of the average daily resource use for individuals assigned to a particular group.

Each resident is reassessed on a quarterly and annual basis. Recreation Therapy professionals fill out four sections:

- E - Mood and Behaviour pattern
- F - Psycho-social Wellbeing
- N - Activity Pursuit Patterns, and
- P - Treatment and Procedure minutes.

Of these four sections, RUGs are attached to section E and one question in section N. RUG is associated to outsourced therapies such as occupational therapy and physiotherapy minutes **but not Recreation Therapy minutes.**

Recommendations:

- Data collection, algorithms and the resulting outputs must reflect the impact and outcomes of Therapeutic Recreation and funding must be correlated accordingly.

Elaine is an 85-year-old woman with dementia who had recently moved into a long-term care home. When asked what mattered most to her, she spoke up and said, 'I just wish someone would dance with me'. She emphasized that people were taking good care of her physical needs – making sure she was dressed and fed and clean and warm – but what she most wanted was for someone to stop and just dance with her.



About Therapeutic Recreation Ontario (TRO):

Established in 1999, [Therapeutic Recreation Ontario \(TRO\)](#) is the only professional association that represents Therapeutic Recreation practitioners in the province. Our membership of more than 1,800 includes practitioners, educators and students. Our mission is to lead the TR profession through growth, advocacy and innovation. We do this by offering quality membership services including professional development, information, networking, advocacy, and evidence-based research and best practices. We set the standard for excellence in the profession through our registration designations (R/TRO and R/TRO DIP).