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March 25, 2022

Dr. Samir Sinha
Geriatrician, Director of Geriatrics of Sinai Health and UHN
Technical Committee Chair, HSO National Long -Term Care Service Standard

Dear Dr. Samir Sinha and Long-term Care Services Technical Committee:

Re: CAN/HSO 21001:2022 (E) *Long-Term Care Services Standard*

We are writing to you as representatives of the B.C. Therapeutic Recreation Association (BCTRA). We represent recreation therapists who work with older adults in LTC and Assisted Living communities throughout BC.

The proposed new standard is welcomed however, we do not feel it achieves all of its goals. We have a number of concerns and suggestions.

1. Recreation therapy representation & expertise on the technical committee

While the report indicates the technical committee was comprised of a diverse group of clinicians and researchers, there was no indication of representation and expertise from recreation therapists, therapeutic recreation educators or leisure scholars in gerontology. We are very disappointed and would like to know why recreation therapy was not represented when preparing these standards.

2. Quality of Life

We applaud the inclusion and recognition of quality of life as a significant, key goal and standard to be achieved in LTC facilities.

Section 5: Enabling a Meaningful Quality of Life for Residents

The criteria and guidelines that outline what is needed to achieve quality of life for residents are missing some important information and detail.

- The term “activities” is referred to frequently throughout section 5 and elsewhere. It is a general and somewhat vague term which is open to interpretation and can lead

- to a lack of clarity. For example, “busy” work is activity but it does not result in, or support, meaningful engagement and quality of life.
- The word “activities” alone is not specific enough, as it is intentional recreation and leisure opportunities and experiences that enable residents to experience quality of life.

Therapeutic recreation is recognized as an essential person-centered healthcare service that employs evidence-informed leisure and recreation opportunities to improve and maximize health, physical function, social and emotional well-being and overall quality of life. Therapeutic recreation (TR) professionals play a vital and essential role in facilitating and enhancing quality of life and well-being among LTC residents (Fortune & Dupuis, 2018; Genoe et al. 2018; Hebblethwaite, 2013).

Therapeutic recreation (TR) professionals go beyond diversional activities like bingo, entertainment and pub clubs (Buettner, 2011). Recreation therapists provide an evidence-informed framework whereby staff lead purposeful and meaningful recreation and leisure opportunities within a structured, comprehensive program. Driven by a person-centered approach, the recreation therapist assesses each person’s strengths, abilities and needs to create an individual plan with specific outcomes. TR programming that is goal-directed, facilitates the achievement of individualized outcomes that improve quality of life indicators such as increasing social interactions, improving mood and healthy sleep patterns. By enhancing these abilities, individuals will experience a decrease in responsive behaviours, falls and subsequent injury, social isolation, apathy, use of medications such as antipsychotics, and the use of physical restraints.

Section 6: Delivering High-Quality Care Based on the Life Experiences, Needs, and Preferences of Residents

The criteria and guidelines for the comprehensive assessment of residents in order to develop a resident’s care plan do not mention the need for a therapeutic recreation assessment. Many other factors are listed as needing to be assessed such as functional status, mental health, sensory, and food preferences. If quality of life is indeed a significant goal in LTC, assessment of residents’ recreation interests, needs, strengths, and abilities must be done by a qualified recreation therapist using a standardized tool.

Further, the ongoing monitoring to ensure residents are experiencing quality of life is imperative. The Royal Society of Canada (2020) report acknowledges the interRAI LTC as the international standard for reporting and evaluating care quality and the achievement of quality of life outcomes. Recreation therapists are qualified to complete interRAI LTC; currently recreation therapists use RAI-MDS on a quarterly and annual basis. Good data is essential.

3. Addressing the Staffing Mix on the Team and its Role in Achieving Quality of Life

There are no criteria or guidelines to address staffing mix. Terms such as organization leaders and teams are described in a general and vague way and are open to interpretation. As reported in Estabrooks et al (2020), “Evidence exists and continues to grow that staffing levels and staffing mix are linked to quality of care and quality of work life”. (p.18) Estabrooks et al (2020) go on to say that skills of workers in specialized services, such as recreation therapists, “...affect both care quality and quality of life by prolonging mobility ... and programming meaningful recreational and social options.” (p.20) For quality of life to become a reality there needs to be the right mix of staff who are qualified. Estabrooks et al (2020) noted “homes that have educated, allied health staff [such as recreation therapists] are more likely to offer quality of life initiatives” (p.20). The right skill mix, as well as the numbers of staff and caseload ratios, are critical for providing services to maintain quality of care and quality of life.

In conclusion, we believe the national standard for LTC needs to use more specific language and terms, particularly in Category 5 and 6 criteria and guidelines, to prevent too wide an interpretation of the services required to ensure achievement of both a high quality of care and quality of life in LTC. LTC doesn't just need more staff, it needs the right skill mix of educated staff with appropriate caseload ratios. We believe qualified recreation therapists are essential members of this staffing mix.

Sincerely,



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