CHANGING DEMOGRAPHICS

THERAPEUTIC RECREATION OPPORTUNITIES

HEALTH CARE PRIORITIES

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Talking Points

- Perceptions, Experiences & Trends
  Context – Where am I coming from?

- Visioning Together
  Opportunities for TR/concerns, threats & realities

- A Critical Need for Accountability
  Assessments, outcome measures & the LCM

- Next Steps
  Some things to think about
Perceptions, Experiences & Trends
1980-2014
34 Years of TR 1980 - 2014

- Canada vs. US movement
- degree vs. diploma debate
- tough decisions
- challenges at 2 levels
- credibility, practice issues, few tools, lack accountability
- more opportunities – more challenges

NCTRC, CTRS, TRO, BCTRA
Activity vs. TR programming
own professional level, health system level
past emulated OT, PT – regulated health profession
tremendous change yet same issues
Issues to Consider

- best fit for TR
  ideal practice settings – institution, community, private practice (rehab)
- funding dependent
- current trends
- find our niche
- evidence-based
- future is in the community
Trends - A Changing Landscape
A Time of Change
Health System Changes

- organizational & structural changes in health care facilities
- new models of care
- professional practice changes allied health disciplines
During My Time

Moved from . . .

- facility focus
- discipline-specific, competitive approach
- autonomy, independence
- in-patient focus
- professional-driven care practices
- focus on short-term outcomes

To . . .

- systems focus
- collaborative approaches
- shared & common interests, interdependence
- out-patient, community support focus
- client-driven practices
- long-term outcomes post-discharge
Now Significantly More Change

Population & Demographic

- longevity, life expectancy
- changing demographics
- different types of patients in our institutional settings more complex, more disabled, frailer
- community focus
- LTC - most medically complex
- changing health care priorities aging, mental health hot areas
- stress
- child & youth obesity
- dementia
- Baltes, 2000 social participation
- Sinha, 2014 social frailty
- Aging in Place Aging at Home, Age-Friendly Cities, Communities for all ages
• key health issues across the lifespan children, youth, adults, seniors
• past – TR – rehab focus
• now – TR – must re-position
• unique opportunities, unique challenges
Visioning Together

A Time of Opportunity for TR Concerns, Realities & Threats
Time of Opportunity
It is critical to . . . . .

- be proactive
- think creatively & differently
- be daring & innovative
- determine best fit for TR C UNIQUE!
- focus on leisure, social participation, social frailty, etc.
- entrepreneurial
Ideas to Expand the TR Profession

- new dimensions
  aging population, retirement planning
- financial planners – why not
  lifestyle planners
  insurance companies, banks, older individuals – pay???
- personal trainer/coach idea
  across the lifespan
Ideas to Expand the TR Profession

- focus – lifestyle coaching
  children - managing obesity, healthy eating, activity
  adults post-retirement - staying active and independent
  seniors - social companions, CD management, etc.

- focus – developmental disabilities
  living longer, parents can’t cope, funding issues

- exciting time for TR
- chart our own course
Ideas to Expand the TR Profession

- BCTRA & Ontario leaders unite with other provincial TR organizations to develop new ways forward
- plan & patent new ideas
- explore creative partnerships with businesses who have vested interests aging, childhood obesity, mental health
Concerns, Realities & Threats

- take control of our own destiny or be left behind
- others are moving in
- corner the lifestyle, meaningful engagement, social participation market
- demonstrate & measure impact

See perfect fit in the community but no TRs . . . . .
Everyone is getting in on the action!

‘ELBOWS OUT . . . SQUEEZING IN’

motto

- credentialling
- exercise, ergonomics, lifestyle management coaching
- role of exercise in . . . . mood, happiness, social cohesion, health, health promotion, rehab.

COMMUNITY FOCUS . . .

Private Entrepreneurs

- motivational coaching for children & youth
- supports for seniors
Concerns, Realities & Threats

- program management
- non-TR program directors
- TR not a core service
- greater risk
- lack of standardization in TR
- most TR in institutions not community
- funding especially for aging sector
Everyone is watching

A Critical Need for Accountability Assessments, Outcome Measures, LCM
Evidence-based Accountability

Client, consumer, citizen, family

Agency, facility, interdisciplinary team, program/department, administration

Accrediting bodies: Canadian Council on Health Services Accreditation (CCHSA)

3rd party funders, insurance companies, payers and purchasers of health services
Why measure outcomes?

- demonstrate effectiveness & efficiency of services provided
- demonstrate the impact of specific interventions
- compare interventions
- better allocate scarce resources
- increase the quality of TR services
Critical Documentation Points

BASELINE SCREENING/ASSESSMENT
(physical, cognitive & leisure function & ability using validated tools)

GOAL SETTING & THERAPEUTIC INTERVENTION
(based on assessment results)

MONITOR PROGRESS & GOAL ACHIEVEMENT

MEASURE OUTCOMES
(impact of our interventions)

. . . . . MUST BE INCLUDED IN DAILY PRACTICE
So what is the difference?

Assessment vs. outcome measurement vs. standardized measure

**Assessment**

... provides baseline information regarding client functioning (physical, cognitive, leisure function) which enables us to identify specific strengths, areas of concern and set measurable leisure function goals for our clients.

**Outcome Measurement**

... examines the impact of specific treatment/intervention over time; results from *defined* intervention; measure change at several points during the intervention to determine when the most change is made and when further treatment has minimal effect.

**Standardized Measure**

... a rigorously tested instrument with established validity and reliability, developed for a specific purpose and population, with detailed administration, scoring and interpretation information.
TR ASSESSMENT

FUNCTIONAL ASSESSMENT

LEISURE ASSESSMENT

PREFERENCES & INTERESTS

BEHAVIOURAL/FUNCTIONAL FOCUS

COGNITIVE DOMAIN
AFFECTIVE DOMAIN
PSYCHO-MOTOR DOMAIN

LEISURE SKILLS
SOCIAL SKILLS
KNOWLEDGE
ATTITUDE
PARTICIPATION PATTERNS
IMPACT OF DISABILITY
BARRIERS
SOCIAL SUPPORTS

ACTIVITY FOCUS

INTERESTS
HOBBIES
PREFERENCES

CLIENT-CENTRED & BEHAVIOUR FOCUSED
<table>
<thead>
<tr>
<th>LCM SUBSCALES</th>
<th>DESCRIPTION</th>
<th>TYPE OF MEASUREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leisure Awareness</td>
<td>Client's knowledge and understanding of leisure</td>
<td></td>
</tr>
<tr>
<td>Leisure Attitude</td>
<td>Behavior exhibited and/or feelings demonstrated by the client which suggest attitude toward leisure involvement.</td>
<td></td>
</tr>
<tr>
<td>Leisure Skills</td>
<td>Skills possessed by the client which affect leisure involvement.</td>
<td></td>
</tr>
<tr>
<td>Cultural/Social Behaviors</td>
<td>Specific cultural and social behaviors exhibited by the client which affect his/her ability to function effectively in leisure activities.</td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>Client's ability to participate within various types of inter-individual and/or group situations.</td>
<td></td>
</tr>
<tr>
<td>Community Integration Skills</td>
<td>Application of necessary skills for successful involvement in community leisure activities.</td>
<td></td>
</tr>
<tr>
<td>Social Contact</td>
<td>Type and duration of social contact the client has with others.</td>
<td></td>
</tr>
<tr>
<td>Community Participation</td>
<td>Client's overall leisure participation pattern within the community.</td>
<td></td>
</tr>
</tbody>
</table>
Leisure Competence Measure (LCM)

What is the LCM designed to do?

. . . . a standardized tool designed to measure outcomes related to TR, conceptualized according to

- WHO International Classification of Impairment, Disability and Handicap
- leisure-based philosophy for TR practice
- behavioural construct of competence

. . . . designed to categorize & summarize information gained through the initial TR assessment process
Leisure Competence Measure (LCM)

The LCM consists of 8 subscales:

- leisure awareness
- leisure attitude
- leisure skills
- cultural/social behaviours
- interpersonal skills
- community integration skills
- social contact
- community participation

Measure of Capabilities

Full Evaluation

Measure of Actual Performance

Screening
Leisure Competence Measure (LCM)

When do you use the LCM?

- to *summarize* assessment findings
- to guide goal setting & intervention planning
- to monitor change over time
- to measure outcomes
Leisure Competence Measure (LCM)

**LCM functional levels:**

<table>
<thead>
<tr>
<th>LEVELS</th>
<th>Description</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NO HELPER</td>
</tr>
<tr>
<td>7</td>
<td>Complete Independence</td>
<td></td>
</tr>
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<td>6</td>
<td>Modified Independence</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Modified Dependence</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Modified Dependence</td>
<td>Minimal Assistance</td>
</tr>
<tr>
<td>3</td>
<td>Modified Dependence</td>
<td>Moderate Assistance</td>
</tr>
<tr>
<td>2</td>
<td>Modified Dependence</td>
<td>Maximal Assistance</td>
</tr>
<tr>
<td>1</td>
<td>Total Dependence</td>
<td>Total Assistance</td>
</tr>
<tr>
<td></td>
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<td>HELPER</td>
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</tbody>
</table>
## Leisure Competence Measure (LCM)

**Quick guide for scoring:**

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<thead>
<tr>
<th>Level</th>
<th>Type of Intervention Required</th>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>no intervention</td>
</tr>
<tr>
<td>6</td>
<td>no intervention</td>
</tr>
<tr>
<td>5</td>
<td>verbal cueing</td>
</tr>
<tr>
<td>4</td>
<td>physical assistance</td>
</tr>
<tr>
<td>3</td>
<td>physical assistance</td>
</tr>
<tr>
<td>2</td>
<td>physical assistance</td>
</tr>
<tr>
<td>1</td>
<td>physical assistance</td>
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</tbody>
</table>
## Leisure Competence Measure (LCM)

### LCM data sheet:

<table>
<thead>
<tr>
<th>Functional Indicators</th>
<th>ADM</th>
<th>D/C</th>
<th>F/U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leisure Awareness</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Community Participation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total LCM Score</strong></td>
<td>56</td>
<td>56</td>
<td>56</td>
</tr>
</tbody>
</table>
Setting Measurable Goals

WRITTEN GOAL STATEMENTS

OR

GOAL ATTAINMENT SCALING METHODOLOGY

MONITOR PROGRESS & GOAL ACHIEVEMENT
GOAL ATTAINMENT SCALING:

... a method for measuring the degree of goal achievement by creating an individualized 5-point scale (-2, -1, 0, +1, +2) of potential outcomes for each activity undertaken.
**GAS Example**

### Goal Attainment Scaling

<table>
<thead>
<tr>
<th>GOAL ATTAINMENT LEVELS</th>
<th>Goal:</th>
<th>Goal:</th>
<th>Goal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much less than expected</td>
<td>-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat less than expected</td>
<td>-1</td>
<td></td>
<td></td>
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<tr>
<td>Expected level (Program Goal)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat better than expected</td>
<td>+1</td>
<td></td>
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</tr>
<tr>
<td>Much better than expected</td>
<td>+2</td>
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</table>

**Comments**

<table>
<thead>
<tr>
<th>Goal Status</th>
<th>Initial:</th>
<th>4 Months:</th>
<th>8 Months:</th>
<th>12 Months:</th>
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<tbody>
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<td></td>
<td>10</td>
<td>10</td>
<td>10</td>
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</tr>
</tbody>
</table>
**GAS Example**

### "Connecting London Seniors" Project - Health/Mental Health Goals

<table>
<thead>
<tr>
<th>Goal Attainment Levels</th>
<th>&quot;Connecting London Seniors&quot; Project - Health/Mental Health Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Much less than expected</strong> -2</td>
<td>No seniors’ health or mental health needs identified in any of the 5 neighbourhoods (Glen Cairn, Central London, Argyle, Westminster, Medway).</td>
</tr>
<tr>
<td><strong>Somewhat less than expected</strong> -1</td>
<td>Seniors’ health or mental health needs identified in some, but not all, 5 neighbourhoods (Glen Cairn, Central London, Argyle, Westminster, Medway).</td>
</tr>
<tr>
<td><strong>Expected level</strong> (Program Goal) 0</td>
<td>Seniors’ health or mental health needs identified in all 5 neighbourhoods (Glen Cairn, Central London, Argyle, Westminster, Medway).</td>
</tr>
<tr>
<td><strong>Somewhat better than expected</strong> +1</td>
<td>Both seniors’ health and mental health needs identified in some, but not all 5 neighbourhoods (Glen Cairn, Central London, Argyle, Westminster, Medway).</td>
</tr>
<tr>
<td><strong>Much better than expected</strong> +2</td>
<td>Both seniors’ health and mental health needs identified in all 5 neighbourhoods (Glen Cairn, Central London, Argyle, Westminster, Medway).</td>
</tr>
</tbody>
</table>

**Comments**

<table>
<thead>
<tr>
<th>Goal Status</th>
<th>Year 1 (November 2008)</th>
<th>Year 1 (November 2009)</th>
<th>Year 2 (November 2010)</th>
<th>Project Completion 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial (November 2008)</td>
<td>★ 30.00</td>
<td>★ 30.00</td>
<td>★ 30.00</td>
<td>★ 30.00</td>
</tr>
<tr>
<td>Year 1 (November 2009)</td>
<td>★ 40.00</td>
<td>★ 40.00</td>
<td>★ 40.00</td>
<td>★ 40.00</td>
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<tr>
<td>Year 2 (November 2010)</td>
<td>★ 40.00</td>
<td>★ 40.00</td>
<td>★ 40.00</td>
<td>★ 40.00</td>
</tr>
<tr>
<td>Project Completion 2011</td>
<td>★ 70.00</td>
<td>★ 60.00</td>
<td>★ 60.00</td>
<td>★ 60.00</td>
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</tbody>
</table>
Goal Setting & Scaling

Useful Indicators:

- distance
- time
- frequency
- percentage
- assistance required, etc.
GAS 3 ways . . .

1. simply, visually
2. weighted vs. unweighted
3. more complex statistical analyses

Using discipline-specific scales for patient assessment is problematic if subsequently want to pool data for service evaluation
GAS Formula

Amalgamation of GAS Scores for Service Evaluation

Just plug in the scores!!

\[
\text{GAS score} = 50 + \frac{10\sum(w_i x_i)}{\sqrt{(.7\sum w_i^2) + .3(\sum w_i)^2}}
\]

\( w_i \) = the weighting given to the \( i \)th goal
\( x_i \) = level or numerical score (-2, -1, 0, +1, +2) of the \( i \)th goal

**IN WORDS**, the formula indicates that for each goal the score (-2 to +2) is multiplied by the weighting (use 1 if no weighting is assigned) & then the results for each goal are summed & multiplied by 10. On the bottom line the weightings are squared & then added up & multiplied by .7. This is added to the sum of all the weightings squared, multiplied by .3. The square root of this final number is taken. This is divided into the upper number to obtain the summary GAS score.

50 = achieved expected level (on average are achieving your goals)
Formula . . . . . . or use reference tables provided by GAS authors
amalgamate goals into summary scores to evaluate overall project/program/department/discipline success
GAS and CQI - Radar Chart

- graphical method of displaying multivariate data - gaps among current & ideal performance areas
- highlights strength & weaknesses
- rate organizational performance
- team self-evaluation using GAS average performance ratings & range of ratings within the team
- set performance goals

GAS Formula:
1 scored scale = T-scores 30, 40, 50, 60, 70
adjust T-scores for number of scored scales
# GAS Used by Patients/Family

## Goal Attainment Scaling

<table>
<thead>
<tr>
<th>GOAL ATTAINMENT LEVELS</th>
<th>Patient Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Goal:</td>
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<tr>
<td></td>
<td>Goal:</td>
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<tr>
<td></td>
<td>Goal:</td>
</tr>
<tr>
<td>Current</td>
<td></td>
</tr>
<tr>
<td>-2</td>
<td></td>
</tr>
<tr>
<td>-1</td>
<td></td>
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<tr>
<td>Acceptable</td>
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<td>0</td>
<td></td>
</tr>
<tr>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>Ideal</td>
<td></td>
</tr>
<tr>
<td>+2</td>
<td></td>
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<tr>
<td>Comments</td>
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</table>

<table>
<thead>
<tr>
<th>Goal Status</th>
<th>Initial</th>
<th>Initial</th>
<th>Initial</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>!</td>
<td>!</td>
<td>!</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Next Steps

Things to think about
Critical Focus

- demonstrate psychosocial impact
- funders – interested in effectiveness of programs in minimizing long-term medical & social support costs

“As purchasers, we’re not concerned about the process involved. What we look for is the outcome. How well is the individual functioning after the intervention? How much did it cost?”

“As a payer, I am not qualified to make a decision about quality. It is the outcome that matters, and if you can’t measure it, you can’t manage it.”
- focus on community
- identify new & creative opportunities for TR
- go after them
- identify novel TR funding sources
- unite standardized approach
- critical mass
- valid & reliable instruments
- assessment vs. outcome measurement vs. standardized measure; how to measure change scores
- evidence-based decisions
- BCTRA – lead the way!
A time of opportunity!!
QUESTIONS . . . . .
THANK YOU!