

Therapeutic Recreation in Acute Care – Pilot Program at St. Clare’s Mercy Hospital

Practice Points

1. Therapeutic Recreation (TR) is aimed at reducing social isolation, enhancing cognitive function, and promoting physical and emotional well-being — factors that should support a better quality of care for older adults in acute care settings.
2. Loneliness has severe physical and mental health consequences such as increased mortality, risk of cognitive decline and Alzheimer’s disease, risk of cardiovascular disease and stroke, and increased risk of depression. TR programs are a key strategy in mitigating these risks.
3. To provide senior-friendly care, programs and services must prioritize social engagement and mental well-being alongside medical treatment.
4. In April 2023, the Medicine and Surgery Program in NL Health Services (NLHS) Eastern Urban Zone agreed to allocate funds for a one-year pilot to fund one Recreation Development Specialist (RDS) and one Recreation Therapy Worker (RTW) per program in acute care service at St. Clare’s Mercy Hospital. This is a foundational step NLHS has taken in improving senior-friendly care to move toward becoming a Centre for Excellence in Aging.

Methods (C. Babstock, C. Edwards, M. Reid, L. Bishop, R. Clarke, L. McCarthy Woodrow, T. Lane)

1. In September 2023, inpatient staff were introduced to the role of TR and instructed on how to refer to the service.
2. The RDS assesses patients’ needs and create goals and treatment plans using the Leisure Ability Model Framework. Through this service, patients have the opportunity to participate in optimal quality of life activities and maximize independence, aiming to optimize their holistic health and well-being.
3. Patient and staff feedback was collected to gauge the effectiveness and importance of the service.
4. The UCLA 3-Item Loneliness Scale was used to capture the impact on patients’ loneliness during hospitalization as part of their initial assessment and final intervention. A score of 6-9 is considered “lonely.”

Results

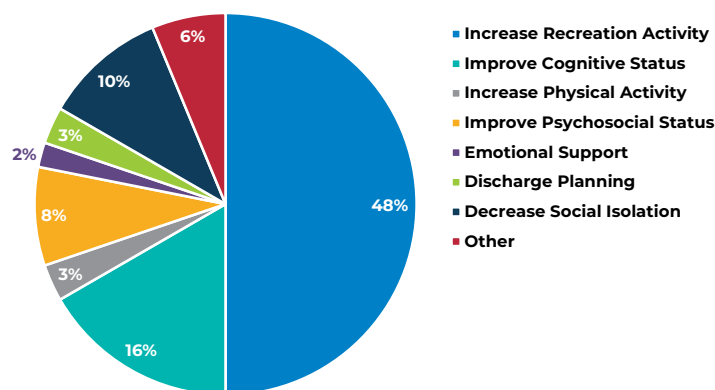


Figure 1. Reason for Patient Referral to Therapeutic Recreation Program

- A total of 599 patients were referred to TR over 16 months, with 4,840 interventions completed. The RDS had an active caseload of 8-18 patients at any given time.
- Reasons for referrals for most patients were to increase physical activity (48%), improve cognitive status (16%), and decrease social isolation (10%).

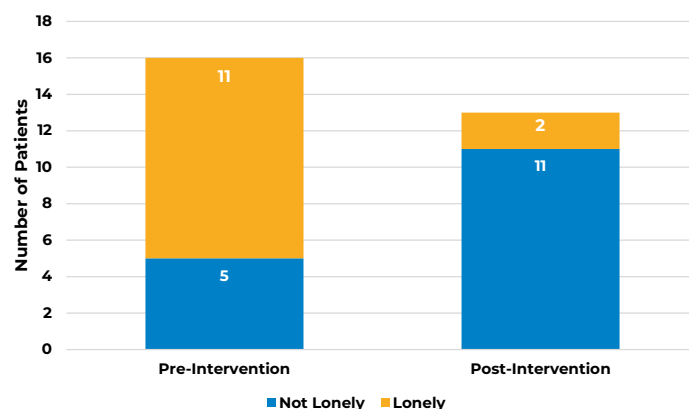


Figure 2. Number of Patients Determined Lonely Versus Not Lonely Pre and Post TR Intervention

- The average UCLA Loneliness Scale score was reduced by 28.2%. Pre-intervention, approximately 69% of patients were classified as lonely compared to 15% post intervention.

Table 1. Staff Feedback on the Impact of Implementing the TR Program

Themes	Quotes
Noticed Improved Engagement with Patients	“Keeps residents busy throughout the day, gives them purpose in the long days of admissions in hospital, keeps patient interactive. Entertains patients who are lonely and provides them with company, improving their moods.”
Saw Positive Impact on Mental Health	“The TR program has been a vital support to patients and families during a person’s hospital admission. I have witnessed patients recover at a faster pace since TR has been involved. I’ve assessed patients to have improved mental health and satisfaction with care/treatment during their admission.”
Felt that TR helped Patients in Recovery and Discharge Planning	
Appreciated the Activities that TR did with Patients	“I like how it helps keep patients mentally stimulated, reducing stress and enhancing quality of life.”
Quality of Life	
Highlighted Social Benefits and Improvements in Patient Mood	“[TR] Improves patient stays, their moods, and often their overall sense of well-being. Patients enjoy seeing TR come and participating in some of the activities. TR certainly puts smiles on everyone’s faces!”

- 67 surveys were completed by staff throughout the inpatient Medicine and Surgery units at St. Clare’s Mercy Hospital.

Conclusions

1. Overall, the experience with TR and how the team accommodated needs and preferences was rated very high by patients in a feedback survey. Activities such as bingo, movies, cards, animal therapy, group activities and simply talking were described as some their favourite things.
2. Recognizing the profound impact of TR, permanent funding was secured for 2024/25 at St. Clare’s Mercy Hospital. The program will expand to include an RDS II as a Clinical Lead, responsible for care on the Acute Care for the Elderly (ACE) Unit and leading the TR team. Additionally, funding has been requested to expand this model to other acute care settings across NLHS.
3. TR can help enhance patient well-being, reduces loneliness and may contribute to faster recovery. Expansion of this service across more facilities in the province is highly recommended for broader impact on senior care.