Leisure & Lifestyle Matters

You can't catch fish from a surfboard

by Neil Baron (A master of leisure)

A major issue confronting Residential Aged Care today is that of ensuring that Expected Outcome 3.7 Leisure Interests and Activities, is successfully met.

The experience of this author, through investigation, auditing and observation is that the area is plagued with confusion, false premises and a general lack of understanding of what is required, by all parties.

On October 18th 2007 I presented a paper entitled You Can’t Catch Fish from a Surfboard at the 10th National Diversional Therapist Conference – Riding the Wave of Leisure in Wollongong NSW.

While the presentation is available on www.ncbaron.com it is important to restate the major issues that were addressed.

Meeting Individual Needs

We are dealing with a fragile and vulnerable population that is no longer able to look after themselves. There has been a major change of new residents since 1997. Admissions are later with people staying at home longer. On admission problems are more severe, most having dementia or palliative needs. Residents are staying for a shorter time and are less able to do ‘activities’.

Aged Care Act 1997

While a document that is seriously being questioned as to its relevance today, it has been the cornerstone of developing change in residential aged care and is the legislative instrument that must be complied with in order for facilities to be able to secure Commonwealth Government funding.

EO 3.7 Leisure interests and activities

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them.

There is no mention of therapy.

Defining leisure

A freely chosen experience, either active or passive, that is enjoyable, relaxing or fun and that can happen anytime and last any amount of time. (Baron 1995).

Diversional Therapy

Diversion from what? Why? Who has assessed the need? Is the person qualified to assess? Is the assessment individual? Is the person licensed to perform the treatment? Is the treatment specific to the individual? Is there scientific evidence to backup the treatment? What alternatives are available?

EO 2.6 Other health and related services

Residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences.

Why was it felt there was a need for Diversional Therapy in aged care?

Justification for therapy

The notion of therapy and labelling activities as therapy should not be done lightly. The Mesothelioma Settlement Information defines therapy as:

"any of the measures taken to treat a disease. Unproven therapy is any therapy that has not been scientifically tested and approved. Use of an unproven therapy instead of standard (proven) therapy is called alternative therapy. Some alternative therapies have dangerous or even life-threatening side effects.

For others, the main danger is that a patient may lose the opportunity to benefit from standard therapy. (edit. emphasis) Complementary therapy, on the other hand, refers to therapies used in addition to standard therapy. Some complementary therapies may help relieve certain symptoms of cancer, relieve side effects of standard cancer therapy, or improve a patient's sense of well-being. The ACS recommends that patients considering the use of any alternative or complementary therapy discuss this with their health team.”

www.mesothelioma-settlement-information.org/

A good explanation regarding therapy and one to seriously consider.

Therapy is an area that needs to be handled seriously by professionals that are fully qualified and experienced in order to ensure that no harm is done to the individual.

Playing a music CD and then attempting to call it music therapy is just plain nonsense. So too is trotting a dog through a facility and calling it pet therapy. While the sight of a dog may bring joy to some, it could also trigger adverse memories in some residents who have had Continued on page 3
What really is a Diversional Therapist?
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Diversional Therapy National Definition of Practice

Released November 26th 2007

Scope of practice:
The Diversional Therapy profession supports two levels of professionals.

Diversional Therapist (Level 1 member of the Diversional Therapy Association).

Professionals at this level hold a degree or diploma from an approved course of The Diversional Therapy Association of Australia National Council (DTAANC). The role of the Diversional Therapist includes management and co-ordination of a Diversional Therapy department, leading teams of Diversional Therapy staff, undertaking comprehensive client assessment, developing individualised programme plans with specific goals, evaluating these programmes, initiating and leading continuous quality improvement, developing and evaluating leisure education programmes.

Diversional Therapy Assistant/ Recreational Activities Officer

(Level 2 member of the Diversional Therapy Association). Professionals at this level are working in the field of diversional therapy and/or hold a certificate IV or above from an approved course of The Diversional Therapy Association of Australia National Council (DTAANC) or are working towards the same. The role of the Diversional Therapy Assistant/Recreational Activities Officer includes working with clients with specific needs to plan, facilitate and evaluate individual and group leisure and recreation programmes, collect data on clients’ leisure and recreational needs, abilities and limitations and complete associated documentation. Professionals at this level usually work under the supervision of a Diversional Therapist.

The full article and more information regarding the Diversional Therapy Association may be found on their website;

www.diversionaltherapy.org.au

What job do you want this person to do?

Many facilities hire people to ‘do activities’ but are unsure of what they want the person to do, whether they are capable of doing the job and how to ensure that their performance is meeting resident needs, which will therefore ensure that they are compliant.

Often it is left up to this person and the first indication of a problem is during an audit when they find themselves non compliant.

Ensure that you are not left in that position. Just because you have activities happening does not mean that resident’s are interested in attending, or meeting their needs.

EO 3.7 is an important area of an individual’s life and one that should bring them pleasure or joy. It this is not happening the facility is letting them down no matter how good the clinical care and other nursing area may be.
You can't catch fish from a surfboard - continued from page one

bad experiences with dogs. Yet this type of activity is put on activity calendars in many facilities. If an individual enjoy a visit from a dog, by all means facilitate that need, but don't automatically assume that everyone is happy to associate with a dog.

Serious questions must be asked by aged care assessors to ensure justification for this so-called 'therapy.' The individual's documentation must be checked to see if that particular therapy has been prescribed, by whom and for what reason. If someone enjoys music and listens to the music they enjoy that is leisure and should be encouraged without the bull dust of 'therapy.'

Finally if we are going to discuss therapy let us ensure that there is a sound scientific basis for its prescription and implementation. We would not willy nilly dispense medication on the basis of people with limited knowledge concluding that it would be 'good for them'.

Qualifications

At this point, in theory, anybody can call themselves a diversional therapist and it is incumbent on employers to ensure that persons have the relevant qualifications and ability to perform their duties successfully.

Most people working in the area of leisure, lifestyle or diversional therapy are unregulated workers, the same situation as personal care workers. Indeed many in this area have progressed from personal care to lifestyle, some due to a change of status due to a workcover injury and a need for 'light duties.'

The Diversional Therapy Association is a membership based organisation that is attempting to clarify this position (see article, What is a Diversional Therapist? page 2).

ACFI Q12

A long held belief by many facilities is that they were required to have a diversional therapist in order to maximise their RCS position, particularly under Questions 15 and 19. The reality of this was that some people were spending the equivalent of dollars to capture cents.

Overdocumentation of useless information fills the drawers, file cabinets or wherever this information is squirreled away in the hope that if you have enough you will be able to prove something.

From a personal observation while doing a pre-accreditation audit I questioned why a lifestyle coordinator was keeping a daily tick sheet for morning tea, her reply, "It is an activity" when I further asked whether she did afternoon tea the answer was no as she did not work at that time. I further asked her why she felt it necessary and she replied "for the RCS" No I commented, "for accreditation" again, no. For my three monthly reviews. I attempted to seek how a tick in a box would assist her review, she did not know. And then she said "well it doesn't take long."

Well fifty tics a day takes her away from that time being spent talking to residents with only two real outcomes, either she will improve her penmanship or get RSI.

I only wish that this was an isolated case but at the conference when this area was mentioned there were many heads nodding in agreement but it was also indicated that it was what the DON wanted.

Let us hope that with the implementation of ACFI that some measure of common sense will become standard practice in this area.

ACFI question 12 states that; "An allied health professional directive refers to a directive by a chiropodist or podiatrist, chiropractor, dietician, osteopath, occupational therapist or speech pathologist that describes the complex health care procedure to be preformed and the associated management and/or treatment plan."

It further indicates that "The allied health professional must be appropriately qualified to develop the directive for the procedure." (Aged Care Funding Instrument - Used Guide p.35).

This point was further made by a senior Diversional Therapist that the definition followed that of the Medicare definition for Allied Practitioners. Unfortunately Diversional Therapy does not get a mention and as such some facilities are indicating that they will be getting rid of them.

Again action/reaction is evident without a carefully thought out plan to consequences. But perhaps a greater understanding by all staff of resident leisure needs would be a great benefit, particularly since lifestyle hours are often limited and restricted to Monday to Friday between 0900 and 1700 hrs.

Where to from here for DT?

Need to ensure educational components are increased to degree level. Need to have a proven scientific basis for Diversional Therapy. Need to have the area recognised and regulated. Need to ensure that there is a justification for this therapy in residential aged care.

Where to from here for facilities?

It is a necessary requirement for your facility to be compliant in EO 3.7. If your facility is demonstrating this compliance with therapy then it must be clear to all parties that the linkage between leisure and therapy is required, understood by all, does not impinge on the resident's right to legitimate leisure pursuits and at the end of the day can be justified.

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Meeting Individual Needs & Expectations

3.7 Leisure interests and activities

Is the program meeting the individual's current interests?

Ongoing evaluation

Ensure that individual is able to engage in interests and activities of interest to them (Implement)

Get to know and understand their individual interests (Assess, Identify & Plan)

Individual Interests

(Family visits, watching TV, being alone, talking to other residents, hair dressing, etc)

Group Interests

(Bingo, concerts, sing a longs etc)

Ongoing evaluation

Is the program meeting the individual's current interests?