A DELPHI STUDY USING EXPERT CONSENSUS TO DEVELOP A WELL-DEFINED VISION FOR A CENTRE OF EXCELLENCE FOR THERAPEUTIC RECREATION IN CONTINUING CARE SETTINGS

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DEDICATION

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ABSTRACT

There is an increasing demand for evidence-based practice and for the demonstration of client outcome achievement in therapeutic recreation (TR). There is also an ongoing need to research TR service provision in continuing care settings. The TR profession is well-suited to improving the well-being and quality of life of individuals living in continuing care facilities, however, current TR services are not standardized and vary greatly between settings and practitioners. Centres of Excellence are organizations that endeavour to establish high standards of practice in a specific profession or area of research. A Centre of Excellence could be instrumental in improving the delivery of quality TR services in continuing care settings. In this study, a Delphi expert consensus method was used to obtain a well-defined vision for a CoE for TR in continuing care settings. Three rounds of online questionnaires were completed by an expert panel of 11 TR professionals working in continuing care settings over a period of nine weeks. Based on the findings of this study, the participants came to the consensus that the vision of the CoE should be to inspire and advocate for quality TR services in continuing care settings through increased research and evidence-based practice. The findings from this study contribute to the development of a CoE for TR in continuing care settings that will be housed at the University of Lethbridge. They could also contribute to the development of additional CoEs for TR with other client populations—a topic that has been largely unexplored in the research literature.

Keywords: Therapeutic Recreation, Long-Term Care, Continuing Care, Centre of Excellence

Preface

This thesis is an original work of Silvo Hernesniemi. No part of this thesis has been previously published. This thesis was written using a manuscript-based format.

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LIST OF ACRONYMS AND DEFINITIONS

ACRONYMS

AGHE	The Association for Gerontology and Higher Education
ATRA	Alberta Therapeutic Recreation Association
ATRA	American Therapeutic Recreation Association
BCTRA	British Columbia Therapeutic Recreation Association
CARTE	The Committee on Accreditation for Recreational Therapy Education
CEU	Continuing Education Unit(s)
COAPRT	The Council on Accreditation of Parks, Recreation, Tourism and Related Professions
CoE	Centre(s) of Excellence
CPG	Clinical Practice Guideline(s)
CTRA	Canadian Therapeutic Recreation Association
CTRS™	Certified Therapeutic Recreation Specialist
EBP	Evidence-Based Practice
GTN	Geriatric Treatment Network
ICF	The International Classification of Functioning, Disability, and Health
IOM	Institute of Medicine
NCTRC	National Council for Therapeutic Recreation Certification
NLTRA	Newfoundland and Labrador Therapeutic Recreation Association
NSTRA	Nova Scotia Therapeutic Recreation Association
PCC	Person-Centred Care
PHA	The Partnership For Health in Aging
SARP	Saskatchewan Association of Recreation Professionals
TR	Therapeutic Recreation
TRO	Therapeutic Recreation Ontario
WHO	World Health Organization
UN	United Nations

DEFINITIONS

Accountability	Accountability is defined by Stumbo and Peterson (2018) as "being held responsible for the production and delivery of therapeutic recreation services that best meet client needs and move clients toward predetermined outcomes in the most timely, efficient, and effective manner possible" (p. 73).
Centre(s) of Excellence	According to Hellström (2017), Centres of Excellence are broadly defined as "organizational environments that strive

	for, and succeed in, developing high standards of conduct in a field of research, innovation, or learning" (p. 544).
Continuing Care	An overarching term for services such as home care, supportive living, long-term care, palliative and end-of-life care, and adult day programs (Alberta Health Services, 2021).
Culture Change	Culture change is a philosophy that has been sought for in continuing care settings in order to focus care on individual residents' strengths and preferences (Anderson & Heyne, 2021; Evans, 2017). It is an approach to providing services based on the principles of person-centred care and by adapting the environment to be like a home, rather than an institution (Evans, 2017; Fortune & Dupuis, 2018).
Person-Centred Care	Person-centred care is an approach to care that recognizes the individuality of a client and that seeks to support their well-being and quality of life (Kim & Park, 2017).
Relationship-Centred Care	Relationship-centred care (or relational care) recognizes the importance of genuine relationships between all individuals involved in the provision of care (Beach & Inui, 2006; Dupuis, Whyte, & Carson, 2012).
Therapeutic Recreation	"Recreational therapy, also known as therapeutic recreation, is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery, and well-being" (NCTRC, 2021b, para. 1).
Vision	A vision, or vision statement is a "statement of what an organization stands for, what it believes in, why it exists, and what it intends to accomplish" (Silvers, 1994-95, p.11).

CHAPTER 1: INTRODUCTION

In the year 2020, approximately 13.5% of the world's population was 60 years of age or older (World Health Organization, 2020). According to the World Health Organization (WHO), healthy aging is "the process of developing and maintaining the functional ability that enables well-being in older age" (2020, p. 8). In order to promote healthy aging, the WHO has collaborated with the United Nations (UN) to create an action plan called the *Decade of Healthy Ageing 2021-2030*. This action plan focuses on four primary steps to improving the health and well-being of older individuals around the globe. These four action areas are listed as:
1) change how we think, feel, and act towards age and aging, 2) ensure that communities foster the abilities of older people, 3) deliver person-centred integrated care and primary health services that are responsive to older people, and 4) provide access to long-term care for older people who need it (p. 3).

As the population continues to age, the demand for continuing care facilities providing services for older individuals will also increase (Caspar et al., 2020; Prentice, McCleary, & Narushima, 2019). According to Fortune and Dupuis (2018), recreation and leisure are some of the best contributors to the quality of life of residents living in continuing care settings. Therapeutic recreation (TR) is a profession that is widely represented in continuing care. In these settings, TR professionals endeavor to provide quality recreation and leisure services through group programs and individualized programs to help maintain resident health and well-being (Prentice, McCleary, & Narushima, 2019).

Unfortunately, continuing care homes do not always provide residents with opportunities to engage in meaningful leisure activities (Fortune & Dupuis, 2018) and the provision of TR services varies greatly by setting and practitioner. It is concerning that across Canada, not all

individuals providing TR in continuing care have adequate training in TR practice (Prentice, McCleary, & Narushima, 2019). Prentice, McCleary, & Narushima (2019) note that the educational backgrounds of recreational therapists working in continuing care settings is not standardized. Some providers of TR services only have education in recreation or another allied profession. Regarding such differences in professional training, Anderson and Heyne (2021) state the following: "Neither the general recreator, nor the activity therapist, has the singularly effective professional education that the therapeutic recreation specialist has." (p. 58). This leads one to question whether current TR professionals in Canada are adequately trained to provide *quality* TR services to individuals living in continuing care settings due to the variability of training for persons who provide services and professional qualifications required by agencies.

Centres of Excellence (CoEs) have been utilized in various fields of healthcare, medicine, business, and science to establish high standards of service delivery, research, and innovation. According to Hellström (2017), CoEs are "organizational environments that strive for, and succeed in, developing high standards of conduct in a field of research, innovation, or learning" (p. 544). There is currently no existing CoE that develops high standards for the field of TR. Such an institution could be instrumental in improving the delivery of quality TR services in continuing care settings.

The following sections will provide background information regarding aging, health, and well-being; TR and continuing care; service accountability in TR; and Centres of Excellence. I will also present the research problem, the purpose of the study, the research aim, and the significance of the study.

1.1 BACKGROUND

Aging, Health, and Well-Being

According to the WHO, there are three major components involved in healthy aging: environments, functional ability, and intrinsic capacity (World Health Organization, 2020). The WHO advocates that all humans should have the possibility of living long and healthy lives (World Health Organization, 2020, October 26). It also recognizes that healthy aging does not require an individual to be free of illness or disability, since these alone are not determinants of well-being. Despite efforts to support healthy aging, the WHO has raised awareness that many societies continue to foster negative perceptions and attitudes regarding older adults and aging. Such pervasive attitudes provide little recognition for the contributions that older adults can and do make for society (World Health Organization, 2020). The WHO has recommended the establishment of enabling environments that support older individuals in participating in their valued life's activities and maintaining health and well-being (World Health Organization, 2020, October 26).

Healthy aging is no longer understood from merely a biomedical model, since a person's environment and their lifestyle can also predict well-being in later life (Grant & Kluge, 2012). Engagement in recreation and leisure during later adulthood can promote emotional, physical, social, and spiritual health (Nimrod & Shrira, 2016). Thus, leisure is a vital component of healthy aging and well-being. According to Mannel and Snelgrove (2012), engagement in leisure activities during older adulthood can increase psychosocial well-being, whereas boredom can lead to depressive symptoms. Unfortunately, constraints to healthy leisure involvement tend to increase as a person ages. These constraints can include physical or health-related barriers, emotional/psychological barriers, or social and environmental barriers (Nimrod & Shrira, 2016).

Therapeutic recreation (TR) is a profession that helps aging individuals maintain healthy leisure lifestyles and overcome barriers to full participation in valued leisure activities.

Current understandings of healthy aging and well-being underscore the importance of continued engagement in valued life domains such as leisure and recreation. TR services can and do help older individuals to continue pursuing healthy leisure activities despite health-related and environmental barriers. TR services directed toward the older adult population are primarily delivered in continuing care settings such as long-term care homes. Thus, this topic will be discussed under the next sub-heading.

Therapeutic Recreation and Leisure in Continuing Care Settings

Continuing care settings will continue to be pertinent to the TR profession due to the aging population (Prentice, McCleary, & Narushima, 2019). The provision of TR in continuing care settings is intended to promote resident engagement in social and recreational activities, to promote the development of meaningful relationships, and to enhance resident well-being and quality of life (Dupuis, Smale, & Wiersma, 2005; Prentice, Mcleary, & Narushima, 2019). According to Caldwell (2005), leisure has been supported by empirical evidence to be a means to contribute to psychological, physical, and social health. TR professionals use group programs and individualized programs to help maintain resident health and well-being, to help meet resident needs, and to help residents achieve their goals (Prentice, McCleary, & Narushima, 2019).

Theory and philosophy bear an important role for TR practice in continuing care settings. A guiding philosophy of care that is frequently promoted to ensure the provision of meaningful leisure opportunities for residents is *person-centred care* (PCC). PCC is an approach to care that recognizes the individuality of a client and that seeks to support their well-being and quality of

life (Kim & Park, 2017). In order to provide PCC, the helping professional is required to fully honor the client as a whole person, including his/her individual desires, preferences, and other characteristics when providing care (Santana et al., 2018). TR specialists are taught to provide PCC, but its actual implementation in real-life settings can be challenging (Hebblethwaite, 2013). In addition to the recommendation for TR specialists to adopt PCC in their professional practice, other complementary philosophies of care are being introduced in the field as well. One of them is the *meaning-centred approach*, which was recently conceptualized by Hopper, Froese, and Iwasaki (2020). According to these authors, the meaning-centred approach is a process of helping clients to find meaning in their participation in leisure activities and to assist them in living a meaningful and engaging life. Yet, the practical application of such care philosophies in TR practice in continuing care settings continues to be a challenge for practitioners due to organizational and structural barriers (Hebblethwaite, 2013).

TR professionals in continuing care settings provide services to meet their residents' goals and needs while aiming to ensure that their services are also based on current scientific knowledge. For this reason, the field of TR has adopted many theories and philosophies from allied professions like psychology and sociology (Anderson & Heyne, 2021). Additionally, TR professionals are expected to demonstrate accountability in their service provision by ensuring they offer services that meet their clients' needs (Stumbo and Peterson, 2018). The continuing concern over service accountability will be discussed under the next sub-heading.

Service Accountability in Therapeutic Recreation

Accountability is required and advocated for in TR service provision (Stumbo & Peterson, 2018). Accountability is defined by Stumbo and Peterson (2018) as "being held responsible for the production and delivery of therapeutic recreation services that best meet

client needs and move clients toward predetermined outcomes in the most timely, efficient, and effective manner possible" (p. 73). The *Therapeutic Recreation Accountability Model* was specifically designed to help TR professionals provide accountable services (Stumbo & Peterson, 2018); however, it is unclear whether this model is being used by TR service providers. In the research literature, there is an increasing demand for best practice and evidence-based practice (EBP) in the provision of TR programs (Richeson, Fitzsimmons, & Sardina, 2017; Stumbo, 2011; Stumbo & Peterson, 2018). TR professionals are strongly recommended to develop treatment programs with some evidence of efficacy that has been established in the research literature (Denton, Walsh, & Daniel, 2002; Stumbo, 2011; Stumbo & Peterson, 2018).

The development of clinical practice guidelines (CPGs) has been recommended by some authors to improve evidence-based practice in TR (Richeson Fitzsimmons, & Sardina, 2017). To date, the updated *Dementia Practice Guideline for Recreational Therapy: Treatment of Behavioral and Psychological Symptoms of Dementia* by Fitzsimmons, Sardina, and Buettner (2014) is the only set of CPGs in TR (Richeson, Fitzsimmons, & Sardina, 2017). The development of CPGs in TR is worth consideration because it follows the pattern set by related health care professions (Stumbo & Peterson, 2018; Richeson, Fitzsimmons, & Sardina, 2017). For example, other health care professions, such as occupational therapy and physical therapy, have made use of "protocols" to inform the professional on the correct procedures for certain client conditions (Stumbo & Peterson, 2018). Unfortunately, the ability to create such CPGs to assist in clinical decision-making is hindered due to the lack of research in the field (Richeson, Fitzsimmons, & Sardina, 2017).

The pressing concern over providing EBP in TR is clear. While the development of CPGs has been recommended to help TR professionals provide EBP, there is only one such document

available. Thus, practitioners are expected to be consumers of the research literature despite having busy schedules, lack of institutional access to journal articles, and perhaps limited research literacy. One avenue that other fields, such as medicine, business, and nursing, have sought to ensure high standards of practice is the establishment of a CoE. An overview of the function of CoEs will be discussed under the next subheading.

The Development of Centres of Excellence

According to Hellström (2017), CoEs are broadly defined as "organizational environments that strive for, and succeed in, developing high standards of conduct in a field of research, innovation, or learning" (p. 544). More specific to the field of health, CoEs are "specialized programs within healthcare institutions which supply exceptionally high concentrations of expertise and related resources centred on particular medical areas…" (Elrod & Fortenberry, 2017, p. 15). A CoE has the function of providing the resources required for a field to flourish. Although the guidance available on the development of a health-related CoE is limited (Elrod & Fortenberry, 2017), there are some recommendations that have been set in place by some organizations.

A guide entitled "Five Guiding Principles of a Successful Center of Excellence" by Perficient, a digital consultancy, defined a CoE as "a (typically small) team of dedicated individuals managed from a common central point, separate from the functional areas that it supports within a practice or organization" (Perficient, 2021, p. 2). According to this guide, a CoE provides leadership and support for an organization through various methods, such as research, promotion of best practices, and education. Arguably, this is what TR service providers in continuing care settings are seeking. Interestingly, one of the five pillars of a CoE is to

establish standardization and best practices (Perficient, 2021), something that is greatly needed in TR.

Vanner (2020) identified six steps to establish a CoE. These steps included: 1) defining clear design principles and best practices, 2) assembling a strong team with the right attitude, 3) building an arsenal of reusable components, 4) establishing stable and monitored environments, 5) continuously improving processes, and 6), designing light weight (easy-to-implement) and consistent governance. Belyh (2019) provided similar guidance in setting up a CoE. The author defined a CoE as "a group of people leading the organization and its different structures in a specific focus area towards pre-determined goals" ("What is a Center of Excellence (COE)?" section).

Evidently, the establishment of a CoE for TR in continuing care settings holds potential to improve practice. Before such an organization can be created, there are several aspects that need to be considered in order for it to become a reality. As was mentioned previously, there is very little guidance on developing a CoE, and none for the field of TR. This unique predicament brought shape to the research problem that will be discussed under the following heading.

1.2 RESEARCH PROBLEM

To date, there is no existing CoE that develops high standards for the field of TR. The development of a CoE for TR is worthy of exploration and could be instrumental in improving the standard and quality of TR services in continuing care. Since TR is largely represented in continuing care settings in Canada, the development of a CoE that specializes in these environments should be considered first. Also, a CoE for TR in continuing care settings can be a stepping-stone to developing additional CoEs in TR for other treatment settings. In order to develop a CoE for TR in continuing care settings that will be of benefit to practitioners,

information regarding its potential use and function is required. However, there are no studies that have been conducted related to the definition, purpose, and vision of a CoE in TR. Seeking such a well-defined vision regarding the function and purpose of a CoE would be in accordance with current recommendations in organizational development and strategic planning (George, Walker, & Monster, 2019).

An expert consensus using the Delphi technique has been used by various scholars for research and decision-making regarding topics that are relatively new or that have had little to no prior exploration (Habibi et al., 2014). For this reason, I used the Delphi technique to conduct my research study. The content under the next heading provides a clearer description of my study.

1.3 RESEARCH AIM

In this study, I sought an expert consensus for a well-defined vision for a CoE for TR in continuing care settings. The guiding research question was: What are TR experts' propositions for a well-defined vision for a CoE for TR in continuing care settings? This study will contribute to the process of developing such a CoE that will be housed at the University of Lethbridge in Alberta, Canada. Since the outcome of my research is to help set in motion the development of a CoE through the establishment of a well-defined vision, the significance of such an endeavour was first considered.

1.4 SIGNIFICANCE OF THE STUDY

TR is a profession that, just like many other allied health care professions, is continuously working to improve its level of professional competence and quality of service provision (Stumbo & Pegg, 2017). Unfortunately, TR has been viewed by allied professions and even its own practitioners as being "inferior" to other services offered in the health care sector (Bedini & White, 2018). The need for additional high-quality research in TR for continuing care settings is

evident; however, the translation of research evidence into practice in continuing care settings continues to be problematic (Caspar et al., 2020), regardless of whether it is related to TR or not. TR professionals are required to translate research into evidence-based TR programs while also adhering to service philosophies like PCC (Loy, De Vries, & Keller, 2021; Richeson, Fitzsimmons, & Sardina, 2017).

Feedback from a 2021 CTRA Conference

The Canadian Therapeutic Recreation Association (CTRA) hosted its annual conference in May 2021. Based on the recommendations of my graduate supervisor, Dr. Sienna Caspar, I presented my proposed study plan to an audience of CTRA members who are part of a "Community of Practice" (COP) for older adults. Using an online platform called *Mentimeter*, I collected participants' responses to some questions about a potential CoE for TR in continuing care settings. The participants were asked to provide responses to the following questions/statements: "1) What resources or functions would a centre of excellence need to offer you to be beneficial or helpful to you? 2) Do you feel there is a need for a centre of excellence that would provide the resources or functions that you listed in the previous question? 3)Would having access to these resources or functions have a positive impact on you, your practice and/or your residents? 4) Please explain your last answer." The results that I obtained for each of these questions are summarized below.

What resources or functions would a centre of excellence need to offer you to be beneficial or helpful to you? This question received 63 open-ended responses. The responses underscored the need for practical resources to help implement evidence-based practice. Participants described the need for resources to assist with programming, continuing education, networking, funding, assessment and documentation, innovation, and obtaining current research. For example:

"Practical, fast, and accurate information for implementing EBP."

"Access to and translation of research for practical applications like interventions."

"SPP's, program protocols, research studies, standardized assessment tools as well as agency specific, policies and procedures as it relates to TR."

"Training and continuing education opportunities."

The participants' perceptions about the need for a CoE was sought using the next question. *Do you feel there is a need for a centre of excellence that would provide the resources or functions that you listed in the previous question?* For this question, participants were asked to provide a response using a four-point Likert scale ranging from "1—No, there is no need" to "4— Yes, there is a strong need." This question received a total of 62 responses. The response mean was 3.72, which provided evidence that there is a significant need for a CoE based on the opinions of the participants. The next question inquired about whether a CoE would have an impact on the participants' TR practice.

Would having access to these resources or functions have a positive impact on you, your practice and/or your residents? For this question, participants were asked to provide a response using a four-point Likert scale ranging from "1—No real positive impact" to "4—Yes, a strong positive impact." This question received a total of 66 responses. The response mean was 3.75, which indicated that having access to resources or functions provided by a CoE would have a strong positive impact based on the opinions of the participants. They were then asked to explain their answers to this question.

Please explain your last answer. For this statement, participants were asked to provide an open-ended response. This statement received a total of 56 responses. Participant responses underscored how the potential resources and functions of a CoE could support practitioners,

increase their knowledge of various interventions, save time on planning TR programs, provide them with resources to help provide evidence-based practice, and help ensure the standardization of the profession. For example:

> "Improved knowledge and access to better resources to support client interventions, therefore better outcomes for the client."
>
> "It would reduce time having to spend on researching and developing EBP and more time on the front line facilitating."
>
> "It would give us the opportunity to ensure we are using evidence-based practice in everything we do. This will save time for rec therapists and managers. And it advocates for the field."

The responses to the questionnaire I administered to the COP members at the CTRA conference provided evidence of the significance of my study. Other fields, such as medicine, nursing, and business have developed CoEs to help improve the quality of research and service delivery in those fields. Based on the responses from the CTRA conference, it would appear that such an organization would be especially useful for TR professionals working in continuing care.

A closer examination of the current research literature in the field of TR and continuing care provides additional evidence of the significance of my study. In the following chapter, I present a literature review exploring current concerns and developments in the field of TR and continuing care.

CHAPTER 2: LITERATURE REVIEW

2.1 CURRENT CONCERNS AND DEVELOPMENTS IN THERAPEUTIC RECREATION

This section will provide an overview of the current issues and developments in the field of TR and their applicability to practitioners. TR is a profession that is represented across a broad array of health care settings in Canada. Numerous definitions and philosophies of TR exist, and these have been a source of debate for many years (Anderson and Heyne, 2021).

Differing Definitions and Philosophical Orientations in TR

While the prospects of advancing the field of TR are evident, the profession continues to remain stuck in an ongoing debate regarding its many definitions and philosophical orientations (Beck, 2017; Genoe et al., 2021). An article written by Beck (2017) provided a table with a variety of TR definitions found in the research literature. One of the definitions listed is obtained from the CTRA, although the definition on the CTRA website to-date has changed slightly. The current CTRA definition of TR is the following, "Therapeutic Recreation is a health care profession that utilizes a therapeutic process, involving leisure, recreation and play as a primary tool for each individual to achieve their highest level of independence and quality of life" (CTRA, 2021, para. 1). Despite having a definition of TR from the national organization representing the field in Canada, provincial TR associations also have presented their own definitions, since health care is governed by each province in Canada. In addition, the National Council for Therapeutic Recreation Certification (NCTRC), which is the organization that is responsible for the certification of TR specialists, has also established its own definition of TR, stating that it is "a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling

conditions, as a means to psychological and physical health, recovery, and well-being" (NCTRC, 2021b, para. 1). The consequence of this sort of disharmony has led to varying views about what TR is by practitioners and even scholars.

A recent study conducted by Genoe et al. (2021) examined the meaning of TR amongst TR professionals. The majority of the participants in their study were therapists working in continuing care settings. Through thematic-analysis of data obtained from interviews and focus-groups, they found that the study participants tended to lean toward a leisure-oriented and strengths-based view of TR. The themes that emerged from their study included *enabling joyful and meaningful experiences*, *enhancing well-being and quality of life*, *enabling choice and independence*, *relationship-building and belonging*, and *personal and professional rewards*. The authors noted that their findings contrasted to the traditional perceptions of TR which have developed from the medical model. The authors cited Daly and Kunstler (2019) in their argument that there are four commonalities to all TR definitions. These four commonalities are: purposeful selection of leisure to bring about an outcome, enhancement of independent functioning, a focus on quality of life and health, and a focus on the individual within their environment (Genoe et al., 2021).

Ensuring Quality Service Delivery

Regardless of the differing views pertaining to the true definition of TR, the field is widely recognized as a health care profession that, just like many other allied health care professions, is continuously endeavoring to improve its professional competence and quality of service provision (Stumbo & Pegg, 2017). Stumbo & Pegg (2017), argued that ensuring quality service delivery and competence in TR is multifold and closely related to a practitioner's capability to provide high quality services yielding meaningful client outcomes. They mentioned

that allied fields like occupational therapy are exceeding the TR profession in planning interventions and programs based on current research evidence and through the demonstration of client outcome-achievement. According to these authors, the profession has typically relied on continuing education to ensure professional competence, usually by the accumulation of continuing education units (CEUs) from attending conferences or participating in other activities. Typically, CEUs are collected by TR professionals to maintain certification with the NCTRC. These authors questioned whether CEUs are really the most effective way of continually establishing professional competence. Instead of relying on collecting CEUs, they proposed adopting the recommendations made by Swankin et al. (2006) regarding continuing competency for healthcare practitioners. These include the incorporation of rigorous professional developments plans and periodical assessments of professional competence. They concluded the chapter by iterating the importance of continued TR research to remain up-to-date and competent with the increasing standards expected in the health care sector. One of the primary ways of ensuring professional competence in the field of TR is through certification by the National Council for Therapeutic Recreation Certification (NCTRC).

The NCTRC was established in 1981 and purports to be "dedicated to professional excellence" (NCTRC, 2021a, para. 1). The NCTRC provides the Certified Therapeutic Recreation Specialist (CTRS™) credential to individuals who have met certain educational/experiential requirements and who have passed a written exam. This exam has a total of 150 items that candidates must complete within a three-hour time allotment (NCTRC, 2021d). The NCTRC exam covers TR content areas including: foundational knowledge, the assessment process, documentation, implementation of TR services, administration of TR services, and advancement of the profession (NCTRC, 2021e, "Table 1: Test Specifications" section). The

exam is designed to ensure that applicants who receive the CTRS™ credential have demonstrated a thorough knowledge and competence in TR (NCTRC, 2021e). Professionals who are interested in becoming CTRS™ have two pathways for eligibility: 1) the academic path or 2) the equivalency path. Individuals applying through the academic path must meet the following requirements: possession of an undergraduate degree with a concentration in TR coursework, the completion of a 14-week internship of 560 hours under the supervision of a CTRS™, and the successful completion of the written exam (NCTRC, 2021f, "Choose Your Path to Certification" section). The "Equivalency Path" has replaced the former "Equivalency Path A" as of July 1, 2021 (NCTRC, 2021f, "Choose Your Path to Certification" section). Applicants for the Equivalency Path must meet the following requirements: possession of an undergraduate degree, completion of TR specific coursework, and 5000 hours of paid work experience in TR of which 1500 hours are under the supervision of a CTRS™. (NCTRC, 2021f, "Choose Your Path to Certification" section).

Currently, the NCTRC has over 18,000 members in its registry and continues to receive about 1500 new applicants each year (NCTRC, 2021a). The CTRS™ credential is viewed internationally as the standard for ensuring the minimum level of competency to provide TR services (Sklar & Autry, 2017) and holders of the CTRS™ credential must continue to demonstrate ongoing professional competence by renewing their certification every five years (NCTRC, 2021g). The NCTRC has developed a list of strategic goals to promote the CTRS™ credential. One of the goals is to inform potential employers of recreational therapists that the CTRS™ is the "qualified provider" of therapeutic recreation services (NCTRC, 2021c, "Goals" section). The CTRS™ credential has been endorsed by the CTRA as a minimum professional entry requirement (CTRA, 2021c). However, it is not required for individuals to practice as

recreational therapists or TR specialists in most provinces in Canada. Although there are TR professionals who have obtained this credential in Canada, many continue to practice TR without having demonstrated the competency and TR-specific knowledge that is required for NCTRC certification.

The NCTRC has clearly taken the lead in ensuring that providers of TR services have demonstrated a measure of professional competence. However, the NCTRC does not take the lead in representing the TR profession in the United States or Canada. The United States has various TR associations for this purpose, such as the American Therapeutic Recreation Association (ATRA). Similarly, the TR profession is represented in Canada through various TR associations which will be discussed under the next subheading.

Representing TR Practice in Canada

The TR profession is represented nationally by the Canadian Therapeutic Recreation Association (CTRA). According to the CTRA website, the mission of the CTRA is to advocate for the TR profession in Canada through communication amongst its members, by promoting the NCTRC certification, by raising public awareness of TR, by encouraging the adoption of professional standards for TR, and by supporting excellence and the advancement of the profession (CTRA, 2021a, “Mission Statement” section).

Individuals who would like to become members of the CTRA have the option of becoming professional members (CTRS™), professional members, supporting members, or student members (CTRA, 2015). Professional members who do not have the CTRS™ credential must be practicing in the field (or teaching) and have a diploma or undergraduate degree in TR or a diploma/undergraduate degree in recreation and leisure services with TR coursework (CTRA, 2015). While the CTRA represents the TR profession nationally, many provinces also

have their own TR associations. The provincial TR associations include: the British Columbia Therapeutic Recreation Association (BCTRA), the Alberta Therapeutic Recreation Association (ATRA), the Saskatchewan Association of Recreation Professionals (SARP), Recreation Manitoba, Therapeutic Recreation Ontario (TRO), the Quebec Recreation Association, the Nova Scotia Therapeutic Recreation Association (NSTRA), and the Newfoundland and Labrador Therapeutic Recreation Association (NLTRA) (CTRA, 2021a). Each of these associations regulates its own membership requirements for TR professionals and serves the purpose of representing the profession provincially.

It is important to note that, since the CTRA has a joint agreement with the Alberta Therapeutic Recreation Association (ATRA) and the British Columbia Therapeutic Recreation Association (BCTRA), TR professionals who live in either the province of Alberta or British Columbia must first have membership with ATRA or BCTRA before being eligible for membership with the CTRA (CTRA, 2015). Professionals in Alberta who would like to have professional membership with ATRA must have a degree in recreation and leisure studies with a concentration in TR coursework; therefore, professionals who only have college diplomas are unable to have membership with ATRA and, consequently, are unable to have professional membership with the CTRA and utilize its services (Alberta Therapeutic Recreation Association, 2021, “Pathway 1. Academic Track” section).

While TR associations help to represent the profession nationally and provincially, they do not meet many of the ongoing needs and concerns of TR practitioners. These associations provide very limited resources for supporting evidence-based practice and knowledge-translation of research for its members. Realistically, they are unable to consistently ensure that members are up to date regarding recent developments in the field of TR and in health care. Ongoing

developments in TR are often presented in educational settings, member conferences, textbooks, or the research literature. Some of these recent developments will be discussed under the next heading.

Current Developments in TR Practice

One of the ongoing developments in the field of TR is the incorporation of the International Classification of Functioning, Disability, and Health (ICF) in practice. The use of the ICF has been greatly recommended for TR professionals. According to Porter, Van Puymbroeck and McCormick (2017), the ICF can be used by TR scholars and practitioners in practice, education, and research. The ICF is based on a biopsychosocial model of health which is gradually replacing the traditional reliance on the medical model (Porter, Van Puymbroeck and McCormick, 2017). The authors state that the incorporation of the ICF into the TR profession is worthy of consideration due to its international recognition of being a standardized framework for describing health and health-related states. They also provide a description of the ICF in terms of its coding system and unified language, which allows for cross-cultural use by health care providers and researchers.

The international recognition and status of the ICF provides a doorway for the TR profession to spread to other countries and also prevent it from lagging behind health care fields that are already incorporating it into their practice (Porter, Van Puymbroeck and McCormick, 2017). It is unclear whether TR professionals are making use of the ICF in practice. Practitioners who have been working in the field for a long time may not have knowledge about the ICF. An introduction to the ICF would typically be provided to practitioners when they are enrolled as students in post-secondary TR programs. However, it's important to note that post-secondary TR

programs have variations in the curricular preparation of their graduates. The topic of TR curricula will be discussed under the following subheading.

Differences in TR Curricula Across Post-Secondary Programs

Kinney et al. (2017) wrote about another significant concern in the field of TR, which is the dissimilarity in the TR curricula across various post-secondary programs. Most applicants seeking NCTRC certification come from undergraduate programs with differing TR curricula (Kinney et al., 2017). The authors noted that this trend is concerning considering that health professions such as medicine are increasingly becoming more standardized in their curricular requirements. This lack of unity in professional preparation for TR practitioners has led some to question the actual TR competence of graduates from post-secondary programs (Kinney et al., 2017).

There are currently two organizations that provide accreditation for undergraduate TR programs. The first is *The Council for Parks, Recreation, and Tourism Related Professions* (COAPRT) and the second is *The Committee on Accreditation for Recreational Therapy Education* (CARTE) (Sklar & Autry, 2017). In Canada, the University of Lethbridge and Dalhousie University are the only educational institutions that have CARTE-accredited TR programs. According to Sklar and Autry (2017), the CARTE accreditation may be preferred for university programs that are specific to TR, since it requires the undergraduate program to follow set curricular requirements and educational content. The COAPRT, on the other hand, does not require that an undergraduate program follow such curricular standards (Sklar & Autry, 2017). The authors noted that both bodies for accreditation have included the NCTRC job task analysis into their accrediting standards. According to the ATRA, there should only be one body that provides accreditation for undergraduate TR programs (American Therapeutic Recreation

Association, 2019). Both ATRA and CARTE have been in a contract since 2013 to work toward standardizing TR undergraduate program curricula through CARTE accreditation (American Therapeutic Recreation Association, 2019). Sklar and Autry (2017) iterated the need for consistent professional preparation to demonstrate the legitimacy of TR as a health care profession.

Despite efforts to standardize TR curricula, variations in the academic preparation of TR graduates remain. Such variations in curricula not only have potential negative implications for the competence of graduates, but also for how the profession is viewed by clients and allied health professionals. The perceptions of TR by allied health professionals and consumers will be discussed under the final subheading for this section.

Perceptions of TR by Allied Health Professionals and Consumers

Bedini and White (2018) discussed the concerns over the perceptions of TR by allied health professionals and the broader health care sector. While these authors focused primarily on the need to improve marketing practices in the field of TR, they presented relevant insights into the current perceptions of the field held by allied health professionals and clients. They stated that TR is frequently viewed as a service that is "inferior" to other services offered in health care facilities. According to these authors, TR has historically had concerns over its status. They stated that, even to this day, TR is not viewed by allied professionals and clients as being a therapeutic service founded in evidence-based research and focused on outcomes.

It is not uncommon to hear TR professionals say that they feel inferior to other allied health professionals. TR is frequently misunderstood by the health care sector and some health professionals do not understand the purpose of the profession. Of course, many in the public are not familiar with the profession at all. This is often a dilemma for students in TR who try to

explain to friends, relatives or colleagues what subject they are studying in college or university. Clearly, the status and recognition of TR in the health care arena requires additional attention from decision-makers and practitioners.

The TR field has great potential to be a pillar in health care. However, much of the success of the profession depends on its ability to adapt to current demands and developments in health care settings. Some of the developments that have been discussed in this section include: the standardization of entry to practice, the standardization of practice through evidence-based practice, having a unified definition of TR, the representation of TR nationally and provincially, the incorporation of the ICF in practice, and the standardization of TR curricula. The following section will discuss the topic of TR specifically as it relates to continuing care settings.

2.2 THERAPEUTIC RECREATION IN CONTINUING CARE SETTINGS

Quality of care continues to be of great concern in continuing care settings (Caspar et al., 2020). One of the ways this concern has been addressed is through the culture change movement. The impact of the culture change movement and its significance to TR professionals will be discussed under the following subheading.

The Culture Change Movement

Culture change is a philosophy that has been advocated for in continuing care settings to ensure that care providers focus on individual residents' strengths and preferences (Anderson & Heyne, 2021; Evans, 2017). It is an approach to providing services based on the principle of PCC and the recommendation of creating a home-like environment, rather than that of an institution (Evans, 2017; Fortune & Dupuis, 2018). Recreation and leisure are large contributors to the quality of life and well-being of individuals living in continuing care settings (Fortune & Dupuis, 2018). The provision of leisure and recreation helps to support culture change by enhancing the

life satisfaction of residents and by promoting open and home-like environments (Fortune & Dupuis, 2018). However, the traditional view of recreation and leisure provision as "treatment" or "therapy" has been criticized by some scholars due to its perceived biomedical approach and compliance with an institutional view of continuing care (Dupuis, Whyte & Carson, 2012; Lopez & Dupuis, 2014).

The role of TR in contributing to LTC culture change has recently been explored by some researchers. An interpretive phenomenological study was conducted by Fortune and Dupuis (2021) to explore the experiences of therapeutic recreation service providers in LTC settings regarding their involvement in LTC culture change. They administered qualitative interviews with 23 practitioners recruited from several different Canadian provinces. The authors noted that many of the participants did not have training in TR from an undergraduate program, but all of them were providing recreation and leisure services in a LTC setting. They identified two overarching themes from their analysis of these interviews: "identifying as drivers of culture change" and "questioning the role of formal education in advancing culture change" (p. 9). The first theme is reflective of the unique role that "recreation and leisure practitioners" (i.e., recreation therapists) have in LTC settings. From the perspective of these participants, recreation and leisure practitioners are not obligated to orient their practice around a medical model or clinical outcomes and are, therefore, in an advantageous position to be proponents of culture change. The second theme reflects the dissatisfaction and concern that many of the participants felt regarding the current state of TR education, although a good portion of them did not actually receive such training. Regardless, those who were trained in TR also felt that their educational backgrounds did not prepare them to provide recreation services that promote culture change, but rather, services that are oriented toward *therapy* and *outcome-achievement*. The authors

advocated for the need to educate TR students who are intending to work in LTC settings to learn about the principles of culture change and relational care.

While the value of recreation and leisure as therapeutic modalities should not be minimized, continuing care settings are not merely facilities for treatment and rehabilitation. TR is shifting away from a medicalized and deficits-oriented model toward a strengths-based approach, capitalizing on clients' hopes and aspirations (Anderson & Heyne, 2021). For residents in continuing care settings, it is their home. For this reason, a narrow focus of TR as "treatment" or "therapy" is not adequate or reasonable to promote the optimal health and wellness of residents living in these settings. Thus, the purpose of TR in continuing care will be discussed under the next subheading.

The Role of TR in Continuing Care Settings

A large number of TR professionals are employed in continuing care (Prentice, McCleary & Narushima, 2019). Unfortunately, other health care providers employed in continuing care, such as physicians and nurses, rarely receive any education about TR as an allied health profession in their training programs (Loy, De Vries & Keller, 2021). This leaves allied health professionals with a limited understanding about the purpose of TR in continuing care settings (Loy, De Vries & Keller, 2021). Allied health professionals who do not understand the purpose of TR in continuing care can pose a great barrier to creating an environment that is supportive of the work that TR professionals do. For this reason, the nature and purpose of TR for residents in continuing care must be clarified.

A current global concern in LTC is the COVID-19 pandemic, which has negatively affected resident physical and emotional well-being (Genoe & Johnstone, 2021). Genoe & Johnstone (2021) conducted a qualitative study exploring the impact of the COVID-19 pandemic

on TR practice in LTC facilities in Canada. The focus of the study was primarily on TR professionals' perspectives and experiences related to the public-health restrictions on recreation programming and how these restrictions affected resident well-being. A total of 94 online surveys were analyzed using thematic analysis, resulting in the following overarching themes: *shifting TR practice*; *perceived impact on resident quality of life*; and *drawing on strengths and resources.* Based on necessity, the participants described how they adapted their practice to accommodate public-health restrictions while also doing their best to adhere to a person-centred and strengths-based approach to care. Some of these adaptations included drawing on creativity by making use of available resources to deliver meaningful leisure activities, particularly through small group programs and one-to-one interventions. Technology was noted to be especially useful in helping TR professionals to connect residents with their family members. The authors of the study highlighted the carry-over value of focusing on building relationships between residents, staff, and family members and shifting away from recreation calendars. One-to-one and small group programs were found to be more beneficial for resident well-being and in building deeper relationships when compared to large group programs. The authors noted that such changes should be considered after the pandemic in future TR practice in LTC facilities.

Loy, De Vries and Keller (2021) discussed the current state and future of TR in "nursing homes." According to these authors, the purpose of TR in continuing care settings, such as nursing homes, is to promote physical, social, cognitive, and emotional health and well-being. TR providers in continuing care commonly deliver non-pharmacological behavioural interventions and also modify leisure activities to suit the needs of residents (Loy, De Vries and Keller, 2021). Also, these authors mentioned that a significant component of TR services in these settings involves the provision of social activities to promote meaningful interaction among

residents. Some of the concerns that were highlighted by these authors included a lack of understanding of TR from managers and health care professionals and the large number of individuals providing TR services in continuing care settings who do not have CTRS certification. They argued that professionals with the CTRS credential have the training and skills that ensure a greater level of competence in providing TR services to residents in continuing care. They concluded by emphasizing the need for increased research in TR for older adults living in continuing care settings.

Although a TR specialist with the CTRS™ credential has demonstrated a minimum level of competency as an entry-level practitioner, many TR professionals in continuing care settings in Canada do not have this credential. In some provinces in Canada, TR professionals are only required to have a two-year diploma in recreation or another allied field. Richeson and Sardina (2016), highlighted the need for TR professionals working with older adults to demonstrate *additional* geriatric-specific competencies. They discussed the developments of the American Therapeutic Recreation Association's (ATRA) Geriatric Treatment Network (GTN) regarding such TR competencies. These competencies are based on the recommendations of the 2008 Institute of Medicine (IOM) report which emphasized the need for a better-prepared workforce to serve older adults in the United States (Richeson & Sardina, 2016). The authors noted that these interdisciplinary competencies have been based on the Long-Term Care, Supports, and Services Competency Model, the work of the Partnership for Health in Aging (PHA) and the Association of Gerontology and Higher Education (AGHE). The TR competencies include the following overarching domains: health prevention and promotion; geriatric syndromes, chronic health conditions, and common illness; health settings, public policy, and advocacy; roles of recreational therapist in geriatrics; and self-management (Richeson & Sardina, 2016). The GTN

competencies have been recommended to help support TR professionals' competence in working with older adults. Since some of these competencies are specific to an American context (e.g., third party payments), similar competencies relevant to the Canadian health care system would be more applicable for Canadian TR professionals working with older adults.

Person-Centred Care and Relationship-Centred Care

One of the continuing dilemmas in TR practice in continuing care settings is providing PCC and relationship-centred care in an environment that is embedded in a biomedical model. TR professionals are frequently told to comply with the demands for EBP and also demonstrate client-outcome achievement. However, this strict adherence to EBP at the cost of truly providing PCC has been criticized by some scholars in the field as trying to fit TR into the biomedical model (Dupuis, Whyte & Carson, 2012; Mobily, Walter & Finley, 2015). According to Mobily, Walter and Finley (2015), the experiential value of leisure and recreation has been lost in the rhetoric insisting on the demonstration of functional outcomes. These authors stated that fixed obedience to a medical model of TR practice is a mistake and contrary to the philosophical assumptions of the profession.

Weaver (2015) discussed how the disjointed development of PCC from EBP has caused some to believe that the two are incompatible. The urge to follow a "cookbook" approach to health care services appears to be at odds with providing PCC that focuses on the whole person, not just the illness (Kumar & Chattu, 2018; Weaver, 2015). The value of incorporating research evidence and current scientific knowledge into practice is certainly important, but PCC emphasizes the need to also consider the unique needs and wishes of the client (Kumar & Chattu; Weaver, 2015). Similarly, relationship-centred care (or relational care) recognizes the importance of genuine relationships between all individuals involved in the provision of care

(Beach & Inui, 2006; Dupuis, Whyte, & Carson, 2012). The biomedical model encourages care providers to remain emotionally neutral, whereas relationship-centred care challenges this approach, maintaining that emotional connections between care providers and clients is required in order to support ultimate well-being (Beach & Inui, 2006; Dupuis, Whyte, & Carson, 2012). The challenge remains for TR professionals to navigate the continuing request for PCC and relationship-centred care while also trying to adopt EBP and demonstrate functional outcomes.

Lowndes, Struthers, and Ågotnes (2021) conducted an international multidisciplinary study exploring social participation in LTC homes in Canada, Germany, and Norway. They used a rapid ethnographic approach combining in-depth interviews and observations using a research team of 26 researchers covering 27 different sites. The purpose of the research project was to examine which conditions support or prevent residents' social participation (which largely includes recreational activities). One of the core patterns captured in the data was "social participation opportunities", which encompassed some of the barriers to providing meaningful and relational care particularly within recreation therapy programming. A concern that emerged in several LTC facilities was that many activities that are offered tend to focus primarily on physical rehabilitation or therapy, rather than personally meaningful activities that focus on social connection. The authors noted that some recreational programs that are offered to residents can appear juvenile and inauthentic. One example that they described as being such was tossing a balloon in the air in a group. They concluded their discussion by articulating the importance of providing activities in LTC homes that foster meaningful social connections and resident choice.

2.3 SUMMARY

Based on an examination of the research literature, TR professionals in continuing care settings are under increasing demand to ensure the delivery of quality interventions and

programs. Professionals are expected to incorporate research evidence into their practice while also ensuring that their residents' needs and desires are met through a person-centred- or relational-centred care approach. Also, despite the growth of the TR profession, greater steps need to be taken so that it is viewed by allied professionals and consumers as being a therapeutic service grounded in EBP. One of the barriers to this is that TR services are provided by professionals with differing educational backgrounds and professional competencies. Many TR professionals in continuing care settings in Canada do not have the training and knowledge base of the CTRS™. This does not change the fact that such service providers also need to deliver the highest quality of care.

In conclusion, it appears that TR professionals certainly require additional resources that are easily accessible to help provide high-quality TR services to residents in continuing care. It is for this reason that the development of a CoE for TR in continuing care may be especially useful to help meet this need. In the next chapter, I will present the methods that were used for my study seeking an expert consensus for a CoE for TR in continuing care.

CHAPTER 3: PART 1—RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

Methodology

This study was guided by the Delphi consensus technique. This approach was selected due to the practical application of the research question and the methods best used to answer it. The following sections will describe the study methodology in more detail.

Delphi Consensus Technique

According to Habibi et al. (2014), the Delphi technique is a method of collecting qualitative information from a group of expert individuals that will be used in decision-making.

The Delphi technique has been used frequently in research and decision-making in health care (Hasson, Keeney, & McKenna, 2000). It involves several rounds of data collection through the form of rigorous questionnaires and the development of a group consensus (Habibi et al., 2014; Hasson, Keeney, & McKenna, 2000; Powell, 2003). This method does not require participants to be present in a face-to-face setting; thus, participants can be located in geographically dispersed areas (Gonzalez-Garcia et al., 2020; Hasson, Keeney, & McKenna, 2000). The Delphi method has been recommended for studies seeking expert contributions to address a topic where current knowledge is limited or contradictory (Hasson, Keeney, & McKenna, 2000; Powell, 2003). Participants form an expert panel that receives approximately two to three rounds of questionnaires (Hasson, Keeney, & McKenna, 2000; Powell, 2003). Questionnaires can be delivered to participants through email using an online application such as Qualtrics or Google Forms (Gonzalez-Garcia et al., 2020; Porter, Hawkins, & Kemeny, 2020). The participants making up the panel of experts remain anonymous to each other (Habibi et al., 2014).

The first round of data collection involves the administration of a questionnaire to the expert panel that requires in-depth/qualitative responses to open-ended questions (Powell, 2003; Hasson, Keeney, & McKenna, 2000). The expert participants are encouraged to provide large amounts of feedback (Hasson, Keeney, & McKenna, 2000). Once the responses have been obtained from the panel of experts, they are analyzed by the researcher who then compiles a second questionnaire of summarized results based on the responses from the first round (Habibi et al., 2014; Powell, 2003). According to Powell (2003), this process requires content analysis to generate themes from the findings of the first questionnaire. The following round of data collection is typically quantitative and requires ratings from the expert panel based on the findings from the initial round (Powell, 2003). Habibi et al. (2014) recommend using five- or

seven-point Likert-scales to collect the expert ratings. In the second round, participants are also given the opportunity to provide additional qualitative feedback if they feel that an important item has been missed in one of the statements (Porter, Hawkins, & Kemeny, 2020). For example, the participant may recommend adjusting a statement, or they may provide an additional statement that they would like to be included in the study.

In the third round of data collection, participants are provided with a revised summary of responses and are required to indicate their rating of agreement or disagreement (Porter, Hawkins, & Kemeny, 2020). The third round typically results in the final summary representing items that received a high level of consensus (Gonzalez-Garcia et al., 2020; Porter, Hawkins, & Kemeny, 2020).

3.2 SAMPLE AND RECRUITMENT

Participants

The number of study participants that has been recommended for a Delphi study varies greatly in the literature (Gonzalez-Garcia et al., 2020; Habibi et al., 2014; Powell, 2003). For this study, the desired sample of participants was 20 experts in the field of TR in continuing care settings. This sample size was selected based on feasibility and the amount of time available to collect and analyze three rounds of data. Participants were recruited from across Canada to make up the expert panel for the Delphi study. The inclusion criteria in selecting and recruiting the participants is presented below.

Inclusion Criteria

The inclusion criteria for participants in the expert panel were as follows:

1. The participant is a TR professional in continuing care

2. The participant has at least 5 years of experience working in TR in continuing care settings
3. The participant has demonstrated expertise in TR in continuing care, or is in a TR leadership/managerial position in continuing care settings, or is a scholar/researcher in the field of TR and continuing care, or is an educator in the field of TR and continuing care
4. The participant has provided consent to participate in the study

Participant Recruitment Strategy

Participants were recruited using a purposive sampling strategy. This recruitment strategy was selected for this study because it enabled me to locate potential participants who are experts in the field and because it was cost-effective to carry-out. I began by contacting Dr. Jerome Singleton, Dr. Sienna Caspar, and the faculty and instructors from the University of Lethbridge TR program to assist in recruiting participants because they have demonstrated expertise in TR and continuing care. Also, they have established connections with other experts in the field. Fifty-seven individuals were contacted and asked to participate in the study. They were each sent an email letter describing the purpose of the study as well as an invitation to participate. Consent forms were also sent by email and electronically signed and returned by the participants. Those who were unable to participate were asked to help us recruit other experts in the field, however, no new contacts were obtained using this method. Initially, sixteen participants responded to the email invitation and agreed to participate, but this was narrowed down to fifteen participants based on eligibility criteria. Finally, two additional participants agreed to participate at a later date, and so the total number of participants in the study was 17.

3.3 ETHICAL CONSIDERATIONS

Informed Consent

Prior to data collection, participants were provided a form to provide consent to participate in the study. This form was signed and dated by each participant. Due to the nature of work the participants are involved in, it was assumed that they were able to read and sign the informed consent form without additional assistance. Should the participant have decided to withdraw from the study, this request would have been granted and kept confidential.

Assessment of Risks to Participants

This study was associated with minimal risk. The likelihood and degree of potential harms caused by participation in this study were viewed to be no greater than those encountered by the participants on a daily basis. The risk associated with this study primarily involved the possible emotional discomfort of discussing current challenges in the field of therapeutic recreation in long-term care and the methods that a CoE could address these challenges. Another possible risk was the fatigue that may have been experienced during periods of data collection. The risks associated with participating in this study were minimal in comparison to the potential benefits.

Potential Benefits of the Proposed Study to Participants

The direct benefits of participating in this study were related to the contribution of expertise and experiential knowledge in the development of a future CoE for TR in continuing care settings. Participants had the opportunity to voice their concerns about the profession and to potentially gain a sense of meaning by being able to contribute to the profession and the development of a CoE.

Privacy and Confidentiality

The privacy and confidentiality of participants was protected to prevent their identification by email address, IP addresses, or other identifying information from being revealed. The topic of study did not involve the collection of information regarding highly personal matters. Also, a breach of anonymity was not expected to negatively impact the quality of the data for the purpose of this study.

Data Storage

The data that had been collected was stored locally on my computer. This computer was password protected. Only the research team, which includes the student, thesis supervisor, and two committee members, had access to the study data.

3.4 DATA GENERATION, COLLECTION AND ANALYSIS

The Delphi technique used in this study involved three rounds of data collection. Prior to the first round, participants completed an online demographic survey using Qualtrics. (See Appendix B). Once they completed this survey, they were able to proceed to the first Delphi questionnaire.

Round One Questionnaire

Data Collection

The first Delphi questionnaire contained a combination of open-ended questions and two questions using Likert Scales. (See Appendix C). All questions were formulated based on my review of items that are typically considered when planning a service or a CoE (e.g., the vision, mission, goals, resources and functions, clients and users, and performance measurement) (Carter, Smith, & O'Morrow, 2014). Participants in this study had two options to complete the questionnaire. The first option was to complete the questionnaire via Qualtrics, which was

accessible from a link sent by email. The participants were also provided with a Word document of this initial questionnaire so that they could compose their responses at their leisure before posting them on the Qualtrics survey. The second option was to complete the questionnaire in an interview format through Zoom. There were no participants who chose to complete the questionnaire over Zoom. The participants were given a total of two weeks to complete this questionnaire. Five participants submitted their responses from the first round by the stated deadline, and a sixth participant after the deadline.

Data Analysis

The data obtained from these questionnaires were analyzed using qualitative content analysis. For this, I followed the guidelines on qualitative content analysis articulated by Elo and Kyngäs (2008). The content analysis process involved three phases as listed by these authors: preparation, organizing, and reporting. During the preparation phase, I used the participants' responses to each question as the unit of analysis. For example, all of the participants' responses to question number one were selected as a unit of analysis, and so on. I read over the responses several times to become familiar with the data. The organizing phase involved the use of open coding, the creation of categories, and abstraction (Elo & Kyngäs, 2008). In open coding, as many headings as needed are written down to represent all aspects of the text (Elo & Kyngäs, 2008). Once this was completed, categories were generated and organized under overarching categories. Abstraction was done by developing an overall description of the topic based on the generated categories (Elo & Kyngäs, 2008). In the final phase of analysis, I reported the summarized results for each question based on the analytical process described above. (See Appendix D).

It is important to note that a sixth participant submitted their questionnaire several days after the deadline. For this reason, their questionnaire was analyzed after the first five had already been analyzed. The same content analysis process described above was also done for the sixth submission. The responses from the sixth submission did not add significantly to the findings that were derived from the first five submissions. This seemed to demonstrate that some level of data saturation had occurred, despite the unexpectedly low number of responses from participants.

Two questions in the first round required responses using Likert scales. The first question was, "*Do you feel there is a need for a centre of excellence that would provide the resources or functions that you listed in the previous question?*" Consensus was deemed to have been achieved if the responses received were ≥75% for ratings of (4 = *There is a strong need*) or (5 = *Yes, there is a great and significant need*). The second question was, "*Would having access to these resources or functions have a positive impact on you, your practice and/or your residents?*" Consensus was deemed to have been achieved if the responses received were ≥75% for ratings of (4 = *A strong positive impact*) or (5 = *Yes, a great and significant positive impact*). Only five of the six participants provided responses to these two questions. The mean scores for each question were obtained directly from the Qualtrics platform. The first question received ≥75% for ratings of (4) or (5), and an average response of (4). This indicated that participants felt there is a strong need for a centre of excellence that would provide the resources and functions that they listed in the previous question. The second question also received ≥75% for ratings of (4) or (5), and an average response of (4.4). This indicated that the participants felt that having access to the resources and functions of a centre of excellence would have a significant positive impact on them and their practice.

Round Two Questionnaire

Data Collection

The summarized findings from the first-round analysis were compiled into categorized statements for the second round of data collection. Initially, I compiled a 12-page document with a list of statements that were categorized based on the headings of the initial analysis. In collaboration with my supervisor Dr. Sienna Caspar, we condensed this original list of statements into an 8-page questionnaire. The categories and statements were adjusted and combined to ensure that the questionnaire was as concise and unrepetitive as possible. The initial 12-page questionnaire can be found in Appendix E. The edited 8-page questionnaire that was used for the second round can be found in Appendix F. The final questionnaire incorporated a combination of questions requiring responses using rank ordering and Likert scales. The rank order questions required the participants to order a list of statements from top priority to lowest priority. The Likert questions required the participants to indicate their level of agreement on a 7-point scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree). Participants were able to provide additional feedback for each section of the questionnaire. This survey was administered to the participants via Qualtrics, and they were given two weeks to complete this Delphi round.

Data Analysis

A total of 11 participants completed the second Delphi round. The Qualtrics platform provided the data from each survey for the analysis (e.g., mean scores). Statements that received mean ratings of 6.0 or more on a Likert scale were retained, while those that did not were discarded. Although the cut off to determine consensus with Likert scale questions varies in the research literature, we decided on a mean rating of 6.0 or more because it reduces the likelihood of retaining statements for which the participants are undecided. For the rank order questions,

only statements that were given top priority were retained. The exception to this was the SWOT analysis where all statements were kept in rank order. The mean score of each statement was used to determine rank order. A lower mean score indicated that the statement ranked closer to the top, while a higher mean score indicated that it ranked closer to the bottom. I worked in collaboration with my graduate supervisor, Dr. Sienna Caspar, to help determine the cut-off point for each group of ranked statements (i.e., which statements should be retained from each rank order question). Merely choosing the "top half" of each ranking did not seem suitable due to the varying number of statements in each rank order question.

Some questions in the second round received additional written feedback from the participants; this feedback was used to either reformulate the statements or to create an additional statement by using the same content analysis process as in the first Delphi round. The analysis of the second round can be found in Appendix H. These results from the second round helped to determine which statements required further clarity, and thus, inclusion in the final round.

Final Round Questionnaire

Data Collection

Since the research question of this study was to seek an expert consensus for a well-defined vision for a CoE in TR for continuing care settings, the final questionnaire focused primarily on reaching a consensus for (a) the vision statement of the CoE, (b) the missions of the CoE, and (c) the short-, medium-, and long-term goals of the CoE (See Appendix I). In addition to these, a question about the clients and users of the CoE required a revised statement for the "TR Professionals" category because none of the three statements listed received a consensus in the second round. Thus, we provided one revised statement about who the TR specific users of the CoE should be within the final survey.

Using the results from the second round, I collaborated with my graduate supervisor, Dr. Caspar, to develop three vision statements that would be ranked from 1 (Most preferred) to 3 (Least preferred). Next, after carefully analyzing the findings associated with the mission statements, we determined that the five statements ranked highest by the participants could be best represented as five key missions of the CoE. Finally, we linked the short-, medium-, and long-term goals with those five key missions of the CoE. The decision to do this was based on the great similarity in the language used by the participants in round one when they articulated what they felt the missions and goals of the CoE should be. In the final round, participants were asked to rate their level of agreement for each of the five key missions and their associated goals using a 7-point Likert scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree). A 7-point Likert scale was also used for the final statement of the questionnaire regarding the revised statement for the "TR Professionals" category. The panel was given one week to complete the survey via Qualtrics. At the end of the one-week period, we received 11 responses from the panel.

Data Analysis

The analyzed findings from the final Delphi round have been included in Appendix H. The Qualtrics platform provided the data from each survey for the analysis (e.g., mean scores). For the first (rank order) question, the statement that received the lowest mean score (1 being most preferred) was selected as the vision statement of the CoE while the other statements were discarded. For each of the questions requiring a response on a Likert scale, those that received ratings of at least 6 or 7 (strongly agree) were retained, while those that did not were discarded. The results of the entire Delphi study will be discussed in the findings section of this paper.

3.5 FINDINGS

Participant Demographics

The participant demographic information was obtained from the demographic survey administered at the beginning of the study (See Table 1). Of the 17 participants who completed this survey, 82% (n = 14) were CTRSs and 100% (n = 17) were female. For "professional title", 35% (n = 6) had the title "Recreation Therapist", 29% (n = 5) had the title "RT Manager", and 35% (n = 6) had some other title (e.g., Recreation Coordinator, Director of Recreation Services, etc.). For "highest level of education obtained", 82% (n = 14) had a bachelor's degree and 11% (n = 2) had a master's degree. One participant had a diploma. Although a total of 17 participants were recruited in this study, the number of those who actually participated in each Delphi round was much lower due to attrition (See Table 2). There was a 35% (n = 6) response rate for the first round and a 64% (n = 11) response rate for both the second and third round. Those who participated in each Delphi round were primarily located in three provinces: British Columbia, Alberta, and Nova Scotia. In the second and final round, one participant was located in New Brunswick.

Table 1.

Delphi Study Participant Demographics

Demographic	n
Gender	
Man	0
Woman	17
Non-Binary/Third Gender	0
Prefer not to say	0
Other (Please Specify)	0
Highest Level of Education Obtained	
Diploma	1
Bachelor's Degree	14

Master's Degree	2
PhD	0
CTRS	
Yes	14
No	3
Professional Title	
Recreation Therapist	6
RT Manager	5
Other (i.e., Recreation Coordinator, Director of Recreation Services, etc.)	6
Years of Experience Working in TR in Continuing Care Settings	
5 years	6
6-10 years	4
11-15 years	3
16-20 years	1
20 + years	2
Geographic Location	
British Columbia	2
Alberta	7
Saskatchewan	0
Manitoba	1
Ontario	1
Quebec	0
New Brunswick	1
Nova Scotia	4
Newfoundland and Labrador	1
PEI	0
Territories	0

Table 2.

Participant Demographics in Each Delphi Round

First Round	n
Geographic Location	
British Columbia	2
Alberta	1
Nova Scotia	3
New Brunswick	0
Total:	6

Second Round	
Geographic Location	
British Columbia	2
Alberta	4
Nova Scotia	4
New Brunswick	1
Total:	11
Final Round	
Geographic Location	
British Columbia	2
Alberta	4
Nova Scotia	4
New Brunswick	1
Total:	11

The Vision Statement of the CoE

Of the three vision statements of the CoE that were presented to the participants in the final Delphi round, the third vision statement received the lowest mean score indicating that it was the statement that ranked closest to first place in the rank order. This vision statement is the following: "To inspire and advocate for quality TR services in continuing care settings through increased research and evidence-based practice." The final mean scores from the rank ordering question in the final Delphi questionnaire have been listed in Table 3.

Table 3.

The Vision Statement of the CoE (Rank Order)

Vision Statement	*M*
1. "To inspire and advocate for quality TR services in continuing care settings through increased research and evidence-based practice."	1.45
2. "To inspire and advocate for increased research, evidence-based practice, and quality of TR services in continuing care settings."	2.00

3. "To inspire and advocate for increased research and evidence-based practice to improve the quality of TR services in continuing care settings."	2.55

The Key Missions and Associated Goals of the CoE

Four of the five key missions and associated goals of the CoE achieved a consensus from the expert panel (i.e., they received a mean score of 6 or more) (See Table 4). The third key mission, "To promote quality-improvement, standardization, and evidence-based practice" and its associated goals, received a mean score of 5.91 which did not indicate a consensus from the participants.

Table 4.

The Key Missions and Associated Goals of the CoE

Mission and Associated Goals	*M*
Mission #1 To serve as a central resource for TR professionals in continuing care settings. Associated Goals • To establish the CoE and its leadership. (Short) • To provide needed resources to TR practitioners in continuing care settings. (Short) • To advertise the CoE across Canada. (Short) • To serve as an online resource for communication and collaboration. (Medium) • To be a world-class CoE in TR service delivery within continuing care. (Long)	6.27
Mission #2 To promote innovation and advancement of TR in continuing care settings. Associated goals • To create a culture of continuous improvement. (Short) • To promote the highest quality of care in continuing care settings. (Long) • To be a world-class CoE in TR service delivery within continuing care. (Long)	6.18
Mission #3 To promote quality-improvement, standardization, and evidence-based practice. Associated Goals	5.91

• To promote best practices for TR services in continuing care settings. (Medium) • To promote standardized TR services in continuing care settings. (Medium) • To grow and maintain resources of the CoE. (Long) • To evaluate, collate and disseminate TR research in continuing care settings. (Long)	
Mission #4 To increase recognition and understanding of TR as an equal and evidence-based allied health discipline. Associated Goals • To promote standardized TR services in continuing care settings. (Medium) • To advocate and promote TR services in continuing care settings across Canada. (Long)	6.09
Mission #5 To promote research related to TR in continuing care settings. Associated Goals • To conduct TR research in continuing care settings. (Long) • To evaluate, collate and disseminate TR research in continuing care settings. (Long)	6.36

Resources and Functions of the CoE

Participants of the study informed us what they felt the primary functions of the CoE should be and also what resources they felt it should offer (See Table 5). The participants agreed that the CoE should provide education and training. This would include such things as the provision of virtual training and education opportunities, and resources for education programs *outside* of the CoE. The panel also agreed that the CoE should offer resources or functions related to collaboration, communication, and advocacy. This would include keeping TR practitioners up to date on current initiatives and trends in the field, supporting practitioners who are working in remote locations, and serving as a centre where TR professionals can ask questions and raise concerns.

Resources and functions related to knowledge and research, including guiding practitioners in conducting their own research and helping them to access current research in the field, were

also found by the participants to be necessary services of the CoE. In addition, guidance on TR practice in continuing care settings, such as providing assistance with job-related tasks like assessment, planning, implementation, and evaluation, was identified as an important function of the CoE. Finally, the panel agreed that the CoE should function *distinctly* from already existing provincial and national TR associations by conducting research, providing specialised education and training, and by serving as a help centre.

Table 5.

Resources and Functions of the CoE

Education and Training	*M*
The CoE should offer resources or functions related to education and training.	6.36
The CoE should offer virtual training and education opportunities.	6.55
The CoE should share resources for education programs outside of the CoE.	6.18
Collaboration, Communication and Advocacy	***M***
The CoE should offer resources or functions related to communication and advocacy.	6.27
The CoE should keep practitioners up to date on current initiatives and trends.	6.64
The CoE should support practitioners in remote locations.	6.09
The CoE should serve as a centre where practitioners can voice their concerns and ask questions.	6.00
Knowledge and Research	***M***
The CoE should provide mentorship, resources, and guidance to assist TR practitioners in conducting research.	6.64
The CoE should help TR professionals in continuing care settings increase their knowledge of best practices by accessing, translating, and disseminating current research.	6.82
The CoE should conduct research to increase evidence-based practice for TR in continuing care settings.	6.82

The CoE should serve as a reliable online resource or database to access research information.	6.64
TR Practice	*M*
The CoE should provide guidance and resources related to TR practice in continuing care.	6.55
The CoE should provide guidance and resources related to a variety of job-related tasks such as assessment, planning, program delivery, and evaluation.	6.36
The CoE should help TR practitioners to serve the needs of various client populations in continuing care settings.	6.18
Distinct Function from Existing TR Associations	*M*
The CoE should function distinctly from already existing provincial and national TR associations by conducting research, providing specialized education and training, and serving as a neutral and collaborative help centre.	6.18

Users of the CoE

The participants helped to clarify who the users of the CoE should be, as well as what relationships the CoE should establish with external stakeholders (See Tables 6 and 7). Of note, the participants did not agree that the users of the CoE should *only* include CTRSs (currently viewed as the qualified TR providers). They agreed that the primary users of the CoE should include TR professionals, such as CTRSs and recreational therapists working in continuing care settings, as well as instructors from educational institutions. The relationships with whom the panel felt the CoE should establish relationships with include the NCTRC, national and provincial TR associations, educational institutions, the federal government, associations for Alzheimer's Disease or Dementia, and individual TR professionals in continuing care settings.

Table 6.

Clients and Users of the CoE

TR Professionals	*M*
The clients/users of the CoE should include Certified Therapeutic Recreation Specialists and Recreational Therapists working in continuing care settings.	6.55
Educational Institutions	***M***
The clients/users of the CoE should include educational institutions.	6.18
The clients/users of the CoE should include educators.	6.45

Table 7.

User Involvement

NCTRC	*M*
The CoE should establish a relationship with the NCTRC.	6.64
Therapeutic Recreation Associations	***M***
The CoE should establish relationships with national and provincial TR associations.	6.82
Educational Institutions	***M***
The CoE should establish relationships with post-secondary educational institutions.	6.73
The CoE should establish relationships with researchers.	6.82
The CoE should establish relationships with journals.	6.82
Federal Government	***M***
The CoE should establish a relationship with the federal government.	6.55
Associations for Dementia/Alzheimer's	***M***
The CoE should establish relationships with associations related to Alzheimer's and Dementia.	6.64
Individuals	***M***
The CoE should establish relationships with TR professionals.	6.91

Guidance, Governance, and Performance Measurement

The findings related to guidance, governance and operation have been listed in Table 8. The panel agreed that the guidance and governance within the CoE should be provided by a board of directors who oversee paid staff members. They also agreed that the CoE should provide services in person as well as through virtual and online methods accessible throughout the work week. Finally, the panel agreed that the CoE should operate based on a strategic plan with goals. Regarding performance measurement, the panel agreed that the CoE should obtain direct feedback from its users (See Table 9). They provided a consensus that such feedback should include practitioner surveys, reports on resident outcomes and satisfaction, and user recommendations for improvement.

Table 8.

Guidance, Governance and Operation

Guidance Within CoE	*M*
Guidance and governance within the CoE should be provided by a board of leaders/directors who help ensure the guiding principles of the CoE are honoured through the work of paid staff members.	6.09
Various Modes Communication	*M*
The CoE should serve TR practitioners in continuing care settings through various modes of communication, such as in-person services and virtual/online services.	6.45
Accessibility	*M*
The CoE should remain easily accessible throughout the week for TR practitioners.	6.55
Paid and dedicated staff	*M*
The CoE should operate with paid staff members.	6.45
Strategic Plan and Goals	*M*
The CoE should operate based on a strategic plan with goals.	6.64

Table 9.

Measuring Performance

Feedback from Users	*M*
The CoE should measure performance by obtaining feedback from its users through surveys, reports on resident/client satisfaction, reports on resident/client outcomes, and through users' recommendations for improvement.	6.45
Formal Evaluation of Services	***M***
The CoE should measure performance through formal evaluation of its services, such as assessing the use of its resources, measuring change, and annual statistical reports.	6.18

SWOT Analysis

A SWOT analysis was conducted as part of the final portion of the second questionnaire where each statement was ranked by the expert panel from most important to least important (Table 10). Statements that received higher mean scores were not removed (as was done with previous ranking questions) due to the nature of a SWOT analysis requiring a broader identification of potential strengths, weaknesses, opportunities, and threats. For this reason, the SWOT analysis was not narrowed down to obtain further clarity through inclusion in the final survey.

Table 10.

SWOT Analysis (Rank Order)

Strengths		*M*
1	Being a centralized resource for TR professionals in continuing care settings is one of the potential strengths of the CoE.	1.70

2	Promoting advocacy and growth of TR in continuing care settings is one of the potential strengths of the CoE.	3.10
3	Assisting in the standardization of TR practice in continuing care settings is one of the potential strengths of the CoE.	3.20
4	Conducting and disseminating research is one of the potential strengths of the CoE.	3.40
5	Qualified professionals supporting TR practitioners in continuing care settings is one of the potential strengths of the CoE.	3.60
Weaknesses		*M*
1	Concerns over finances, such as funding or costs for membership are some of the potential weaknesses of the CoE.	1.50
2	Concerns over the usefulness of or interest in the CoE for TR professionals in continuing care settings are some of the potential weaknesses of the CoE.	2.20
3	The time and effort required for set-up are some of the potential weaknesses of the CoE.	2.30
Opportunities		*M*
1	One of the opportunities of the CoE is to advance the TR profession in continuing care settings.	3.00
2	One of the opportunities of the CoE is to connect TR professionals in continuing care settings through networking and by serving as a hub.	3.09
3	One of the opportunities of the CoE is to help practitioners access research and better implement evidence-based practice.	3.18
4	One of the opportunities of the CoE is to advocate for TR services in continuing care settings through educational efforts.	3.55
5	One of the opportunities of the CoE is to advocate for TR services in continuing care settings by raising awareness of TR with external organizations.	4.55
6	One of the opportunities of the CoE is to help practitioners receive continued training/education.	4.73
7	One of the opportunities of the CoE is to help TR professionals meet challenges in their practice.	5.91
Threats		*M*
1	Lack of financial support is a potential threat to the CoE.	1.40

2	Lack of support for and awareness of the CoE is a potential threat.	2.00
3/4	Language Barriers are a potential threat to the CoE.	3.30
3/4	Non-TR professionals using the services of the CoE is a potential threat.	3.30

3.6 RIGOUR AND TRUSTWORTHINESS

The Delphi technique has been used frequently in health care research and decision-making (Hasson, Keeney, & McKenna, 2000). Rigour and trustworthiness using the Delphi technique are primarily based on similar requirements for rigour in qualitative studies (Hasson, Keeney, & McKenna, 2000). Content validity is attained by selecting participants for the expert panel who have a significant amount knowledge and involvement in the field of the study, in this case, TR and continuing care settings (Hasson, Keeney, & McKenna, 2000). The use of several rounds of data collection in the Delphi study assist in maintaining concurrent validity (Hasson, Keeney, & McKenna, 2000). To ensure rigour during the content analysis phase, I followed the guidelines written by Elo & Kyngäs on conducting content analysis (2008). I also ensured that my supervisor concurred with the categories that I created after each Delphi round. Although there are no set guidelines for Delphi studies, to ensure additional rigour in my study, I followed the guidelines recommended by Hasson, Keeney, & McKenna (2000). These authors provide a checklist of items for the researcher to consider when designing and conducting the study, such as the structure of each Delphi round, the sampling criteria, and determining how the data will be analyzed and presented. The complete checklist can be found in Appendix A.

3.7 DISCUSSION

Due to the growing aging population around the globe and the rising need for continuing care services, the need for high quality TR services in these settings continues to be critical. Just as

many other allied healthcare professions are continuously endeavoring to improve professional competence and quality of service provision, the TR profession is being urged to do the same (Stumbo & Pegg, 2017). Although CoEs have been established in various health- and science-related fields to establish high standards of service delivery, research, and innovation, there have not been any CoEs dedicated to supporting excellence in the field of TR. To date, no studies have explored whether there is a need for a CoE for TR in continuing care settings, nor what resources and functions such a CoE should provide. Based on a review of the research literature and the pre-study survey that I conducted with members at the 2021 CTRA annual conference, there is a reasonable amount of evidence demonstrating that there is a significant need for a CoE that would help TR professionals to provide high quality services in continuing care settings.

In accordance with current recommendations in organizational development and strategic planning (George, Walker, & Monster, 2019), the development of a CoE requires a well-defined vision regarding its function and purpose. This is also expected in the development of other organizations that are designed to provide services to others. The aim of this research study was to obtain an expert consensus to develop a well-defined vision for a CoE specializing in TR for continuing care settings. The research participants making up the expert panel provided their recommendations for a CoE that would provide working professionals with the resources they need to provide excellent TR services. The expert panel provided a consensus that the vision of the CoE should be "to inspire and advocate for quality TR services in continuing care settings through increased research and evidence-based practice." This vision statement harmonizes with the ongoing demand for increased research and EBP in the field of TR which has been clearly articulated in the research literature (Richeson, Fitzsimmons, & Sardina, 2017; Stumbo, 2011; Stumbo & Peterson, 2018).

There have been challenges to the demand for increased EBP in the literature, particularly if it is adhered to from a biomedical approach. One of the key missions of the CoE, related to standardization and EBP, did not achieve full consensus by the participants. This key mission was "To promote quality improvement, standardization, and evidence-based practice." The reason why this key mission did not achieve consensus could potentially reflect the findings of Fortune & Dupuis (2021) and Dupuis, Whyte, and Carson (2012) which described the unintended negative consequences of a biomedical approach to EBP and standardization on resident well-being (which the participants have perhaps experienced in their own practice). The over-emphasis on standardization of TR practices in continuing care settings has been criticized by scholars in the field due to its negative impact on providing person-centred care and contributing to LTC culture change (Fortune & Dupuis, 2021; Dupuis, Whyte, & Carson, 2012).

In their study on the impact of the COVID-19 pandemic on TR services in LTC settings, Genoe and Johnstone (2021) highlighted the importance of focusing on building relationships between residents, staff, and family members and shifting away from common practices such as the use of recreation calendars. These authors emphasized that one-to-one and small group programs were found to be more beneficial for resident well-being and in building deeper relationships when compared to large group programs. The traditional view of recreation and leisure provision as "treatment" or "therapy" in continuing care settings has been criticized due to its compliance with an institutional view of continuing care (Dupuis, Whyte & Carson, 2012; Lopez & Dupuis, 2014). Thus, while the vision of the CoE includes increased research and EBP, this does not indicate that the CoE should promote a biomedical approach to EBP in continuing care settings. Rather, it demonstrates that the CoE should promote EBP that places great

importance on relational- and person-centred care (Fortune & Dupuis, 2021; Mobily, Walter & Finley, 2015; Santana et al., 2018).

Another important finding from this study was that the participants did not feel that *only* CTRSs should be able to use the CoE. The CTRS™ credential, provided by the NCTRC, has been endorsed by the Canadian Therapeutic Recreation Association (CTRA) as a minimum professional entry requirement (CTRA, 2021c). However, based on the participants' consensus in this study, the CoE should be accessible to CTRSs and other recreational therapists. To date, the CTRS™ credential is not required for individuals to practice as recreational therapists or TR specialists in most Canadian provinces. The expert panel did indicate that the CoE should establish relationships with the NCTRC and TR associations. While current provincial and national TR associations help to represent the TR profession and serve as organizations that work to unify TR professionals, they do not offer many of the resources and services that the participants have endorsed for the CoE for continuing care. Similarly, although the NCTRC is the organization responsible for the certification TR specialists, it does not provide services related to education, training, and research that the participants have endorsed for the CoE.

The participants felt the guidance and governance within the CoE should be provided by a board of directors who would help to ensure that the missions and goals of the CoE are honoured through the work of paid staff members. This is in line with one of Vanner's (2020) six identified steps to establish a CoE: assembling a *strong team* with the *right attitude*. However, one of the primary potential weaknesses of the CoE identified in the SWOT analysis related to concerns over finances, such as funding or costs for membership. To date, TR professionals already pay for membership with their provincial TR associations, and some pay for additional membership

with the CTRA. For this reason, having an additional membership cost to access the services of the CoE could possibly be a barrier to its use by TR professionals.

The findings from this study provide several contributions to the field of TR practice and TR scholarship. Foremost, this study contributes to the development of a CoE for TR in continuing care settings that will be housed at the University of Lethbridge based on an expert consensus of its vision, mission, goals, services, and functions. Secondly, this study may also contribute to the development of additional CoEs for TR directed toward other client populations by providing a framework that already identifies the procedures and sequencing of establishing a well-defined vision for a CoE. Finally, the findings from this study provide a scholarly contribution to the field of TR by addressing a need that has largely been unexplored in the research literature. Perhaps it will serve as a catalyst toward greater recognition and consideration for the need to provide working professionals with the resources that they need to provide excellent TR services, through a CoE.

Limitations

This study had several limitations. One of these limitations was lower number of individuals who participated in this study than anticipated. The initial number of participants that was sought for inclusion in the expert panel was 20, however, only 17 of the 57 individuals that were sent study invitation and recruitment letters agreed to participate in the study. Also, the number of participants who submitted responses during each Delphi round was lower than the number who were actually enrolled in the study. In the first round there were only six responses, in the second round there were 11 responses, and in the final round there were 11 responses. The lower response rate can be attributed to the ongoing COVID-19 pandemic, which has placed enormous constraints on working TR professionals who made up the expert panel for this study.

Regardless of the lower response rate, there was some level of data saturation achieved based on the analysis of the responses from the first round. This was especially evident when I received the sixth completed survey as a late submission from a participant. This participant's responses did not contribute much new information in comparison to the responses of the previous five participants.

Another limitation of this study is that the findings from the expert panel have limited generalizability for the development of a CoE for other TR client populations since the purpose of this study was to obtain a well-defined vision for a CoE for TR in continuing care settings. Also, participants in this study were only represented from four provinces in Canada: British Columbia, Alberta, Nova Scotia, and New Brunswick. Although we tried to recruit participants from many provinces, only individuals from these four provinces participated in the Delphi questionnaires. Thus, the expert opinions of TR professionals from other provinces such as Ontario, Quebec, Saskatchewan, as well as others, have not been represented in this study. Since health care is a provincial responsibility in Canada, a replication of this study in each province is recommended.

3.8 CONCLUSION

The demand for high quality service provision will no doubt continue to increase in TR practice settings. Likewise, the need for further TR research and best practices will also increase as the growing aging population necessitates the call for more continuing care services. It is an opportune time for the TR profession to meet the demand for improved quality of care and quality of life for individuals living in these facilities. The TR profession is dedicated to improving the well-being and quality of life of individuals living in continuing care facilities. Recreation and leisure are some of the best contributors to the quality of life of residents, and TR

is widely represented in continuing care settings throughout Canada. Despite the great progress that the TR profession has made in the health care sector, current TR services remain unstandardized, varying greatly by setting, practitioner, and province. CoEs are organizations that are specifically designed to establish and provide the resources for high standards of practice in a specific profession or field of research. Based on the findings from this Delphi study, there is evidence demonstrating that a CoE could be instrumental in providing services that meet the needs of TR professionals. In this study, an expert panel made up of working TR professionals provided a well-defined vision for a CoE for TR in continuing care settings. The services and resources the panel decided the CoE should deliver could help TR professionals to provide the highest quality of care to individuals living in continuing care facilities and ultimately support healthy aging and well-being.

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APPENDIX A: DELPHI CHECKLIST

Guidelines recommended by Hasson, Keeney, & McKenna (2000)

- Clarify the research problem, remember the Delphi technique is a group facilitation technique and as such only lends itself to group involvement.
- Identify the resources available and skills of the researcher in analysis, administration and relationship building.
- Understand the technique's process and decide upon which medium to use (electronic or written communication).
- Decide on the structure of the initial round (either qualitative or quantitative) and the number of rounds to employ.
- Determine the criteria and the definition of `expert' and the meaning of `consensus' in relation to the studies aims.
- Give careful thought to the criteria employed, the justification of a participant as an `expert', the use of non-probability sampling techniques, either purpose or criterion methods;
- Give attention to issues which guide data collection: the discovery of opinions, the process of determining the most important issues referring to the design of the initial round, and the management of opinions, analysis and handling of both qualitative and quantitative data.
- Consider how to present the final results in either graphical and/or statistical representations with an explanation of how the reader should interpret the results, and how to digest the findings in relation to the emphasis being placed upon them.
- Finally, address issues of ethical responsibility, anonymity, reliability, and validity issues in an ongoing manner throughout the data collection process.

APPENDIX B: DELPHI STUDY PARTICIPANT DEMOGRAPHIC SURVEY

Do you consent to participate in this demographic survey?

- ○ Yes, I consent (1)
- ○ No, I do not consent (2)

Please fill in the following items as part of your application to participate in this research study.

Full Name _____

Email Address _____

Phone Number _____

Gender

- ○ Man (1)
- ○ Woman (2)
- ○ Non-binary / third gender (3)
- ○ Prefer not to say (4)
- ○ Other (Please Specify) (5) _____

Please select the highest level of education you have obtained.

- ○ Diploma (1)
- ○ Bachelor's Degree (2)
- ○ Master's Degree (3)
- ○ PhD (4)

Please list any other training or specialization you may have in continuing care (e.g., Gerontology certificate).

_____

What is your current professional title?

_____

Are you a Certified Therapeutic Recreation Specialist?

- ○ No (1)
- ○ Yes (2)

Please indicate in which area of continuing care you are employed (e.g., dementia care).

_____

How many years of experience do you have working as a TR professional in continuing care settings?

- ○ 5 years (1)
- ○ 6-10 years (2)
- ○ 11-15 years (3)
- ○ 16-20 years (4)
- ○ 20 + years (5)

APPENDIX C: FIRST ROUND DELPHI QUESTIONNAIRE

Please provide detailed responses to the following questions.

Resources and Functions

1. What resources or functions would a centre of excellence need to offer you to be beneficial or helpful to you?
2. Do you feel there is a need for a centre of excellence that would provide the resources or functions that you listed in the previous question?

   Answer provided on a scale of 1-5 (1=No there is no need, 2=There is a little need, 3=There is a need, 4=There is a strong need, 5=Yes, there is a great and significant need).

3. Would having access to these resources or functions have a positive impact on you, your practice and/or your residents?

   Answer provided on a scale of 1-5 (1=No real positive impact, 2=A little positive impact, 3=A positive impact, 4=A strong positive impact, 5=Yes, a great and significant positive impact)

4. Please explain your last answer.
5. How would and/or should you see a centre of excellence functioning distinctly from already existing provincial and national TR associations?
6. What do you feel the purpose or aim of the centre of excellence should be?
7. What issues or problems do you feel the centre of excellence could potentially solve? How?

Vision, Mission, and Goals

8. A vision is built on a foundation of core values and beliefs (Silver, 1995). What do you think the core-values, commitments, and aspirations of the centre of excellence should be?
9. What should be included in the vision of the centre of excellence?
10. What should be included in the mission statement of the centre of excellence?
11. What do you believe should be the guiding principles that will provide direction and focus to the centre of excellence?
12. What do you think the short-, medium-, and long-term plan of the centre of excellence should be?
13. Goals guide an organization to its desired direction to achieve its mission and vision. What do you believe the goals should be for the centre of excellence?

User Involvement

14. What relationships should be established between the centre of excellence and individuals/organizations outside of the centre of excellence?
15. Who do you think the clients/users of the centre of excellence will be?
16. What do you believe will be the desired outcomes for these users?

Governance and Operation

17. How do you think the centre of excellence should measure performance across all areas of its efforts?
18. How do you believe the centre of excellence should provide guidance and governance?
19. What services should the centre of excellence provide and how should those services be delivered?
20. How should the centre of excellence operate and what should be expected of it?

SWOT Analysis

21. What do you think are the potential strengths of the proposed centre of excellence?
22. What do you think are the potential weaknesses of the proposed centre of excellence?
23. What do you think are the opportunities of the centre of excellence?
24. What do you think are the potential threats of the proposed centre of excellence?

APPENDIX D: ANALYSIS OF RESULTS FROM FIRST DELPHI ROUND

Delphi Round 1 Coding and Analysis

Resources and Functions

1. What resources or functions would a centre of excellence need to offer you to be beneficial or helpful to you?

Codes:	**Categorized Codes:**	**Abstraction:**
		Abstraction done by developing an overall description of the topic based on the generated categories
Mentorship Best Practice Communication Canada Education and Training Research Education Advocacy Resources Journal articles Research articles 1:1 Coaching Management topics Furthering Profession Conducting research Assessment tools Training Diverse populations education Trading information New initiatives Virtual Continuing Education TR Continuing Care Workshops Conferences Training modules Easy access Journals Current trends Evidence-based practice RT program delivery Webinars	**Education and Training** Mentorship Education 1:1 Coaching Training Diverse populations education Virtual Continuing Education Training modules Information on education programs **Communication and Advocacy** Communication Canada Advocacy Accessibility Resources Furthering Profession Trading information New initiatives Conferences Current trends Platform to connect to internship students Resource to support TR in health **Research** Best Practice	**Education and Training** The CoE will offer resources or functions related to education and training. It will offer individualized coaching and mentorship, virtual training and education opportunities, and resources for education programs outside of the CoE. **Communication and Advocacy** The CoE will offer resources or functions related to communication and advocacy. It will help to further the profession and keep practitioners up-to-date on current initiatives and trends. It will help to connect professionals and students across Canada.

Best practices Program plans Assessments Accessibility Resources for practicum supervision Resource to support TR in health care Job descriptions Assistant vs therapist Platform to connect to internship students Information on education programs EBP Guidelines Education Program Plans New Research Database education opportunities	Evidence-based practice Journal articles Research articles Conducting research Easy access Journals Current trends Database **TR Practice** Best Practice Management topics Assessment tools TR Continuing Care Workshops Evidence-based practice EBP Guidelines RT program delivery Program plans Resources for practicum supervision care Job descriptions Assistant vs therapist	**Research** The CoE will provide resources or functions related to research. It will assist in conducting research and provide easy access to current research for professionals to support evidence-based practice. **TR Practice** The CoE will provide resources or functions related to TR practice in Continuing Care. It will help professionals with a variety of job-related tasks such as assessment, planning, program delivery, and evaluation. It will also assist professionals to manage other TR-related services such as developing job descriptions and helping with student practicum supervision.

2. Do you feel there is a need for a centre of excellence that would provide the resources or functions that you listed in the previous question?

*One of the surveys did not receive response for this question

5, 3, 4, 4, 4

14 *+ 3 + 4 + 4 + 4 = 20/5 = 4*

4=There is a strong need

3. Would having access to these resources or functions have a positive impact on you, your practice and/or your residents?

*One of the surveys did not receive a response for this question

5, 4, 5, 4, 4

14 *+ 4 + 5 + 4 + 4= 22/5 = 4.4*

4=A strong positive impact or 5=Yes, a great and significant positive impact

4. Please explain your last answer.

Codes:	**Categorized Codes:**	**Abstraction:**
Unite TR Detatched Standardization Consistent Outcomes Research Best practice Educated RT Differences by province Access information Professional advice Professors intimidating Avoid burdening profs Save time Resources Time management Accessibility Different populations Specific to continuing care Current research Access Journal Articles One resource Current research Improve TR services Sharing resources Efficient practice Effective practice Current evidence Access Well-Being Residents Efficient One Place to Look Save time	**Professional Standardization and Unity** Unite TR Detatched Standardization Differences by province One resource One Place Sharing resources **Improve TR services** Consistent Outcomes Efficient practice Effective practice Save time Time management Well-Being Residents **Knowledge and Research** Research Current research Current Evidence Best practice Educated RT Access information Professional advice **Accessibility to Information and Other Resources** Access Journal Articles Sharing resources Resources Access	**Professional Standardization and Unity** The CoE will help to to standardize and unify TR practice in continuing care settings. **Improve TR services** The CoE will help to improve TR services. It will support consistent outcome-achievement, time-management, and ensuring effective and efficient practice. Improve resident well-being. **Knowledge and Research** The CoE will help TR professionals in continuing care settings to increase their knowledge of best practices by accessing current research and by seeking professional advice. **Accessibility to Information and Other Resources**

		The CoE will ensure accessibility in helping TR professionals in continuing care settings to find needed resources and information.

5. How would and/or should you see a centre of excellence functioning distinctly from already existing provincial and national TR associations?

Codes:	**Categorized Codes:**	**Abstraction:**
Resource Collaborate Neutral Body Hub Ask Questions Resource In depth group Passionate Continuing learning Furthering field Conducting research Hands-on learning 1:1 coaching Voice Conjunction Not distinctly Working together Standardized hiring Supporting research Academic focus Hub Contribute (Associations) Combine Collaborate	**Help Centre** Ask Questions Hub 1:1 coaching Voice **Neutral and Collaborative Centre** Neutral Body Resource Conjunction Not distinctly Working together Collaborate Contribute **Research and Education** Furthering field Conducting research Supporting research Academic focus In depth group Continuing learning Hands-on learning	**Help Centre** The CoE will function distinctly from already existing provincial and national TR associations by serving a help centre, or hub, where practitioners can voice their concerns, ask question, and receive one-to-one coaching. **Neutral and Collaborative Centre** The CoE will function distinctly from already existing provincial and national TR associations by serving as a neutral and collaborative centre. It will work together with other TR associations, but remain a neutral body. **Research and Education** The CoE will function distinctly from already

		existing provincial and national TR associations by conducting research and educating TR professionals in continuing care settings. It will provide in-depth focus on research, education, and hands-on learning for TR in continuing care settings

6. What do you feel the purpose or aim of the centre of excellence should be?

Codes:	Categorized Codes:	Abstraction:
Promote Excellence Centralized Resources Further education Development Experienced professionals Guide Teach newer professionals Elevate TR Resource Evidence-based/Informed Practice Continuing education Resource sharing and development Advocating Standardized hiring TR role Continuing care Collect Disseminate best practices Advance credibility TR Resources Improve Promote TR Evidence Based Health Profession Support Practitioners High Standard	**Promote Excellence** Development Elevate TR Evidence-based/Informed Practice Collect Disseminate best practices Advance credibility TR Advocating Improve High Standard **Resource** Centralized Resources Resource Resource sharing and development Standardized hiring TR role Continuing care Promote TR Support Practitioners **Education and Training** Further education	**Promote Excellence** The purpose or aim of the CoE should be to promote excellence, evidence-based practice, advocacy, and the advancement and development of TR in continuing care settings. **Resource** The purpose or aim of the CoE should be to serve as a central resource and support for TR professionals in continuing care settings. **Education and Training** The purpose or aim of the CoE should be to provide education and training. It should help

Service provision	Experienced professionals Guide Teach newer professionals Continuing education	experienced professionals guide and teach newer professionals. It should serve as a source for continuing education.

7. What issues or problems do you feel the centre of excellence could potentially solve? How?

Codes:	Categorized Codes:	Abstraction:
Communication Promote Excellence Keep Up to Date Assessment tools Same Language Support Remote Location Standardized care Lack access to research Online resources Improve confidence Multiple Populations Research Database Reliable resources APIE 1:1 coaching Increase knowledge Increase confidence Increase skills Specific Place Access Resource Advocacy Importance of TR CC Standardized Hiring TR to client ratio Bridging siloed studies Access Resources Access Information Access evidence	**Communication** Same Language Support Remote Location Specific Place Access Resource One central hub **Confidence in Practice** Promote Excellence Improve confidence 1:1 coaching Increase confidence Advocacy Importance of TR CC **Improving Quality of Practice** Keep Up to Date Assessment tools Multiple Populations APIE Increase skills Standardized Hiring TR to client ratio Standardized care	**Communication** The CoE could potentially solve issues or problems related to communication. It will help support a unified language among TR practitioners in continuing care settings, support practitioners in remote locations, and also serve as a resource for communication. **Confidence in Practice** The CoE could potentially solve issues and problems related to confidence in TR practice in continuing care settings. It will help promote excellence, provide one-to-one coaching, and help advocate for TR in continuing care settings.

One central hub	**Lack Access to Research** Online resources Research Database Reliable resources Increase knowledge Bridging siloed studies Access Resources Access Information Access evidence	**Improving Quality of Practice** The CoE could potentially solve issues and problems related to quality of TR practice in continuing care settings. It will help practitioners increase their skills in assessment, planning, implementation, and evaluation. It will help TR practitioners to serve the needs of various client populations in continuing care settings. It will help TR practitioners to remain up-to-date and provide standardized care. **Lack Access to Research** The CoE could potentially solve issues and problems related to a lack of access to research. It will serve as a reliable online resource or database to access research information.

<u>Vision, Mission, and Goals</u>

8. A vision is built on a foundation of core values and beliefs (Silver, 1995). What do you think the core-values, commitments, and aspirations of the centre of excellence should be?

Codes:	Categorized Codes:	Abstraction:

Excellence Connect and Empower Support and mentor Education Resources Understanding Growth Collaboration Efficiency Teamwork Positivity Client/Resident-centred Care EBP Research Innovation Quality Improvement Standardization Advocacy Academia and action Standardization of practice Promoting EBP Supporting Practitioners High Quality Service Provision Current Information Accurate Information	**Promote Excellence and Advancement of TR** Excellence Growth Efficiency Innovation Quality Improvement Client/Resident-centred Care EBP Standardization of practice High Quality Service Provision **Resources to Support Excellence** Connect and Empower Support and mentor Understanding Collaboration Teamwork Positivity Advocacy Education Resources Research Academia and action Current Information Accurate Information	**Promote Excellence and Advancement in TR** The core values, commitments, and aspirations of the CoE should be to promote excellence and the advancement of TR in continuing care settings. It will promote growth, innovation, quality-improvement, standardization, EBP, and client/resident-centred care. **Resources to Support Excellence** The core values, commitments, and aspirations of the CoE should be to provide resources to support excellence. It will connect, empower, support, and mentor TR practitioners in continuing care settings. It will promote collaboration and teamwork. It will promote advocacy, education, and research for TR in continuing care settings. It will connect academia with practice. It will provide current and accurate information.

9. What should be included in the vision of the centre of excellence?

Codes:	Categorized Codes:	Abstraction:

Focus on Education Increase scope of practice Increase research Improve Quality of Life Individuals CC Excellence TR service delivery Recognition TR Equal discipline Allied health Standardization Recognition TR Respect TR Evidence Based Profession	**Education and Research** Focus on Education Increase scope of practice Increase research **Quality of Life in CC** Improve Quality of Life Individuals CC **Improve TR Services** TR service delivery Standardization EBP Profession **Increase Understanding and Recognition of TR** Recognition TR Equal discipline Allied health EBP Profession	**Education and Research** Education and research should be included in the vision of the CoE. **Quality of Life in CC** Improved QoL for individuals in continuing care settings should be included in the vision of the CoE. **Improve TR Services** Improve TR services in continuing care settings should be included in the vision of the CoE. **Increase Understanding and Recognition of TR** Increase understanding and recognition of TR as an equal and allied and EB health discipline should be included in the vision of the CoE.

10. What should be included in the mission statement of the centre of excellence?

Codes:	Categorized Codes:	Abstraction:
Inspire Best can be Inclusivity Come together Improve Skills	**Inspiring and Advocating** Inspire Best can be Advocacy Improve confidence Play with purpose	**Inspiring and Advocating** Inspiring and advocating should be included in the mission statement of the CoE.

Education Creating leaders TR Improve confidence Promote excellence TR service delivery CC EBP Advocacy Continuing ed. Resource sharing Play with purpose Providing Evidence Promoting EBP Optimal Quality of Life Residents	**Creating leaders TR** **Sharing and Collaborating** Inclusivity Come together Resource sharing **Improving TR Services** Improve Skills TR service delivery CC EBP Optimal Quality of Life **Educating** Education Continuing ed.	**Creating leaders TR** Creating leader in TR should be included in the mission statement of the CoE. **Sharing and Collaborating** Sharing and collaborating should be included in the mission statement of the CoE. **Improving TR Services** Improving TR services and resident quality of life should be included in the mission statement of the CoE. **Educating** Educating should be included in the mission statement of the CoE.

11. What do you believe should be the guiding principles that will provide direction and focus to the centre of excellence?

Codes:	Categorized Codes:	Abstraction:
Transparency Communication Not sure… Sharing Knowledge Excellence Assistance Collaborate Promote success Knowledge Sharing	**Communication of Knowledge** Transparency Communication Sharing Knowledge Knowledge Sharing Learning Continuing education	**Communication of Knowledge** Communication of knowledge should be one of the guiding principles that will provide direction and focus to the CoE.

Teamwork Quality Improvement Advocacy Learning Standardization Innovation Practical Progressive Person-centred care Current evidence Continuing education Continual quality improvement collaboration innovation	**Promoting Excellence and Success** Excellence Promote success Quality Improvement Person-centred care Current evidence **Collaboration and Assistance** Assistance Practical Collaborate Teamwork Standardization **Advancement of TR** Advocacy Innovation Progressive	**Promoting Excellence and Success** Promoting excellence/success and person-centred care should be one of the guiding principles that will provide direction and focus to the CoE. **Collaboration and Assistance** Collaboration and assistance should be some of the guiding principles that will provide direction and focus to the CoE. **Advancement of TR** Advancement of TR in continuing care settings should be one of the guiding principles that will provide direction and focus to the CoE.

12. What do you think the short-, medium-, and long-term plan of the centre of excellence should be?

Codes:	Categorized Codes:	Abstraction:
Short – Establish the Center	**Short** Establish the Center	**Short**

Medium- Create resources for TR based on best practice, communicate what is happening and how to access Long – Financially stable center that promotes TR across Canada. Long: Highest Quality Care Short: provide resources Medium: standardized care Short: Leadership mentorship advertise Medium: learning needs System for mentoring Online system for research Long: evaluating success evaluating research quality research Short: Database Reach out TR departments Canada Resource sharing Medium: partnerships organizations continuing ed. Long:Advocacy Standardized hiring TR client ratio Connect practitioners Collect knowledge/practices disseminate resources Short-term: Get association and practitioner buy-in. - Medium-term: Build infrastructure and promote use. – Long-term: Grow and maintain the resources.	Provide resources Leadership Mentorship Advertise Database Reach out TR departments Canada Resource sharing Practitioner Buy in **Medium** Create resources Best practice Communicate Access Standardized care Learning needs System for mentoring Online system for research Partnerships organizations Build Infrastructure Promote Use **Long** Financially stable Promote TR across Canada Highest Quality Care Evaluating success Evaluating research Quality research Advocacy Standardized hiring TR client ratio Connect practitioners Collect knowledge/practices Disseminate resources Grow and maintain	The short-term plan of the CoE should be to establish it and its leadership, to advertise the CoE across Canada, and to provide mentorship and needed resources to TR practitioners in continuing care settings. **Medium** The medium-term plan of the CoE should be to promote best practices and standardize TR services in continuing care settings, serve as an online resource for communication and accessing current research, and establishing partnerships with other organizations. **Long** The long-term plan of the CoE should be to collect, provide, and evaluate TR research in continuing care settings, to promote the highest quality of care, to advocate and promote TR services in continuing care settings across Canada, to standardize hiring practices, and to connect TR practitioners. Grow and maintain resources.

13. Goals guide an organization to its desired direction to achieve its mission and vision. What do you believe the goals should be for the centre of excellence?

Codes:	Categorized Codes:	Abstraction:
Encourage Inspire Be best Provide Awareness Accessible research Conduct research Increase confidence professionals Increase knowledge Increase skills Increase networking Improve training Increase training availability Increase Knowledge resource sharing continuing ed Quality TR services EBP Advocacy Importance TR CC Measuring performance Standardizing practice Standardizing education Standardizing job descriptions Standardizing roles Advocacy Canadian TR Services GOLD standard Globally	**Encouraging and Inspiring Professionals** Encourage Inspire Be best Increase confidence professionals **Advocating and Raising Awareness of TR** Provide Awareness Advocacy Importance TR CC **Research** Accessible research Conduct research **Educating and Training** Increase knowledge Increase skills Improve training Increase training availability Increase Knowledge Continuing ed **Networking** Increase networking Resource sharing **Improving TR Services** Quality	**Encouraging and Inspiring Professionals** Encouraging and inspiring TR professionals should be one of the goals of the CoE. **Advocating and Raising Awareness of TR** Advocating and raising awareness of TR in continuing care setting should be one of the goals of the CoE. **Research** Conducting and providing access to research should be one of the goals of the CoE. **Educating and Training** Increasing knowledge and skills of practitioners through education and training should be one of the goals of the CoE. **Networking** Increasing networking amongst TR practitioners

	TR services EBP Measuring performance **Standardization** Standardizing practice Standardizing education Standardizing job descriptions Standardizing roles Canada Gold Standard	in continuing care settings should be one of the goals of the CoE. **Improving TR Services** Improving the quality of TR services in continuing care settings should be one of the goals of the CoE. **Standardization** Standardization of TR education and practice for continuing care settings should be one of the goals of the CoE.

User Involvement

14. What relationships should be established between the centre of excellence and individuals/organizations outside of the centre of excellence?

Codes:	Categorized Codes:	Abstractions:
Communication Up to date Reduce duplication Mentoring Awareness NCTRC ATRA U of L Federal gov TR professionals National Dementia Strategy Family members Individuals with Alzheimers Dementia Partnerships Alzheimers society Canada Educational institutions Provincial TR associations	**NCTRC** **Therapeutic Recreation Associations** ATRA National TR organizations Provincial TR associations **Educational Institutions** U of L Post-sec institutions Educational institutions Researchers Journals	**NCTRC** The CoE should establish a relationship with the NCTRC. **Therapeutic Recreation Associations** The CoE should establish relationships with national and provincial TR associations. **Educational Institutions**

National TR organizations Post-sec institutions NCTRC TR associations Collaboration Universities Researchers Journals	**Federal gov** **Associations for Dementia/Alzheimer's** National Dementia Strategy Alzheimers society Canada **Individuals** TR professionals Family members Individuals with Alzheimers Dementia **Communication** Up to date Reduce duplication Mentoring Awareness	The CoE should establish relationships with post-secondary educational institutions, researchers, and journals. **Federal gov** The CoE should establish a relationship with the federal government. **Associations for Dementia/Alzheimer's** The CoE should establish relationships with associations related to Alzheimer's and Dementia. **Individuals** The CoE should establish relationships with TR professionals, residents' family members, and individuals with Alzheimer's Disease or Dementia. **Communication** The CoE should establish relationships through communication methods like mentoring and raising awareness.

15. Who do you think the clients/users of the centre of excellence will be?

Codes:	Categorized Codes:	Abstraction:
TR Practitioners Provincial Health Authorities Students Universities Allied Health Professionals Students Profs Professionals Clients CTRS required Recreation therapists TR professionals CC Educational institutions Practitioners Educators Employers TR Practitioners CTRS Assistants	**TR Professionals** TR Practitioners Professionals CTRS required Recreation therapists TR professionals CC Practitioners Assistants **Health Authorities** Provincial Health Authorities **Educational Institutions** Students Profs Universities Educational institutions Educators **Other Health Professionals** Allied Health Professionals **Employers** **Clients**	**TR Professionals** The clients/users of the CoE will be TR practitioners and assistants. The clients/users of the CoE will only be those with the CTRS credential. **Health Authorities** The clients/users of the CoE will include health authorities. **Educational Institutions** The clients/users of the CoE will include educational institutions, educators, and students. **Other Health Professionals** The clients/users of the CoE will include allied health professionals. **Employers** The clients/users of the CoE will include employers. **Clients**

		The clients/users of the CoE will include residents and other clients of TR services in continuing care settings.

16. What do you believe will be the desired outcomes for these users?

Codes:	Categorized Codes:	Abstraction:
Centralized Resource TR Awareness Education Increased knowledge Increased skills Increased networking Increased quality of work Increase knowledge Current trends Improve Quality TR services CC Consistency Standardization Efficient access information EB interventions New ideas	**Centralized Resource** Centralized Resource TR **Education and Awareness** Awareness Current trends Education Increased knowledge New ideas **Improved TR Services** Increased skills Increased quality of work Improve Quality EB interventions **Increased networking** **Standardization** Consistency Standardization	**Centralized Resource** Serving as a central resource for TR in continuing care settings will be one of the desired outcomes for users of the CoE. **Education and Awareness** Increased education, knowledge, and awareness of current trends in TR in continuing care settings will be some of the desired outcomes for users of the CoE. **Improved TR Services** Improved skills and quality of TR services will be some of the desired outcomes for users of the CoE. **Increased networking**

		Increase networking will be one of the desired outcomes for users of the CoE. **Standardization** Standardization of TR services in continuing care settings will be one of the desired outcomes for users of the CoE.

Governance and Operation

17. How do you think the centre of excellence should measure performance across all areas of its efforts?

Codes:	Categorized Codes:	Abstraction:
Membership Request for Assistance Surveys Surveys Measuring change Surveys Annually Assess resources Use Feedback Improvement More useful/practical Resident/client satisfaction Recruitment and retention rates of practitioners Statistics on practitioners Standardized education User feedback Use Usability Results Client outcomes	**Feedback from Users** Membership Request for Assistance Surveys Feedback Improvement More useful/practical Resident/client satisfaction Client outcomes **Formal Evaluation of Services** Measuring change Annually Assess resources Use Recruitment and retention rates of practitioners Statistics on practitioners Standardized education	**Feedback from Users** The CoE will measure performance by obtaining feedback from its users through surveys, reports on resident/clients satisfaction, and users' recommendations for improvement. **Formal Evaluation of Services** The CoE will measure performance through formal evaluation of its services, such as assessing the use of its resources, measuring change, and annual statistical reports.

18. How do you believe the centre of excellence should provide guidance and governance?

Codes:	Categorized Codes:	Abstraction:
Board Paid Staff CTRA/University Partnership Leadership team Enforce guiding principles Leadership turnover Board of Directors Standardized education Standardize roles Supporting research Validate profession in allied health Board Curate Support Connection national associations	**Guidance Within CoE** Board Paid Staff Leadership team Enforce guiding principles Leadership turnover Board of Directors **Guidance Outside of CoE** CTRA/University Partnership Standardized education Standardize roles Supporting research Validate profession in allied health	**Guidance Within CoE** The CoE will provide guidance and governance within the CoE through a board of leaders/directors who enforce the guiding principles of the CoE over paid staff members. **Guidance Outside of CoE** The CoE will provide guidance and governance outside of the CoE through standardized education, partnerships with TR associations and educational institutions, promoting the profession in continuing care settings, and through research.

19. What services should the centre of excellence provide and how should those services be delivered?

Codes:	Categorized Codes:	Abstraction:
Resources Mentorship Education Various Modes Communication In-Person Online Mentoring 1:1 Online In-person Database Research articles Training Continuing education Resource sharing Journal articles virtual services accessible Throughout Canada Disseminating information Online platform Tangible resources Webinars Access Research Evidence Continuing ed Online In-Person Own Timeline Shared program plans Success Examples	**Provision of Accessible Resources** Resources Database Research articles Resource sharing Journal articles Disseminating information Online platform Tangible resources Webinars Program Plans **Training and Education** Mentorship Education Training Continuing education **Various Modes Communication** In-Person Online Mentoring 1:1 Online In-person virtual services accessible Throughout Canada	**Provision of Accessible Resources** The CoE will serve as an accessible resource for obtaining research information, journal articles, program plans, and webinars for TR practitioners in continuing care settings. **Training and Education** The CoE will serve as a resource for training and education for TR practitioners in continuing care settings. **Various Modes Communication** The CoE will serve TR practioners in continuing care settings through various modes of communication, such as in-person services and virtual/online services to be accessible across Canada.

20. How should the centre of excellence operate and what should be expected of it?

Codes:	Categorized Codes:	Abstraction:
Accessible	**Accessibility**	**Accessibility**

Open 5 days a week Paid Staff Managing Resource Online system List of options Desired learning or skills Matched training opportunities specific mentor research articles Increase skills Increase knowledge 1X per month Full time Paid employees Dedication Goals Strategic plan Funding dependent No membership fee Database Continuing Education Collaborative spaces Up to date growing resource	Accessible Open 5 days a week 1X per month Full time **Paid and dedicated staff** Paid Staff Managing specific mentor Dedication Funding dependent No membership fee Paid employees **Provision of Training and Resources** Resource Online system Database List of options Desired learning or skills Matched training opportunities research articles Increase skills Increase knowledge Continuing Ed **Strategic Plan and Goals** Goals Strategic plan	The CoE will remain accessible throughout the week for TR practitioners. **Paid and dedicated staff** The CoE will operate with paid staff members. The CoE will provide services to users without a membership fee. **Provision of Training and Resources** The CoE will provide training and resources through an online system that matches desired learning or skills with suitable training opportunities. **Strategic Plan and Goals** The CoE will operate based on a strategic plan with goals.

SWOT Analysis

21. What do you think are the potential strengths of the proposed centre of excellence?

Codes:	Categorized Codes:	Abstraction:

Centralized resources TR Awareness Research Contact Help and Support Reduce Duplication Advocacy Place for growth Advocacy Change Highly qualified professionals Collaboration New ideas Focus In-depth Dedicated group TR professionals in CC Standardization Improved Information access Opportunities Credibility to TR	**Centralized resource for TR Professionals in CC** Centralized resources TR professionals in CC Information access **TR Growth and Advocacy** TR Awareness Advocacy Place for growth Change New ideas **Research** **Support from Qualified Professionals** Contact Help and Support Highly qualified professionals Collaboration Focus In-depth Dedicated group **Standardization of Practice** Reduce Duplication Standardization TR Credibility	**Centralized resource for TR Professionals in CC** Being a centralize resource for TR professionals in continuing care settings is one of the potential strengths of the CoE. **TR Growth and Advocacy** Promoting advocacy and growth of TR in continuing care settings is one of the potential strengths of the CoE. **Research** Conducting and disseminating research is one of the potential strengths of the CoE. **Support from Qualified Professionals** Qualified professionals supporting TR practitioners in continuing care settings is one of the potential strengths of the CoE. **Standardization of Practice** Standardization of TR practice in continuing care settings is one of the potential strengths of the CoE.

22. What do you think are the potential weaknesses of the proposed centre of excellence?

Codes:	Categorized Codes:	Abstraction:
Lack of Finances Lack of Interest Western Provinces Focus Duplication/repetition Cost to professionals (membership) Funding Time Set-Up Another membership fee Up to date information Active	**Financial Concerns** Lack of Finances Cost to professionals (membership) Funding Another membership fee **Usefulness to TR Professionals** Lack of Interest Duplication/repetition Western Provinces Focus Up-to date info Active **Time and Set-Up** Time Set-Up	**Financial Concerns** Concerns over finances, such as funding or costs for membership are some of the potential weaknesses of the CoE. **Usefulness to TR Professionals** Concerns over the usefulness of or interest in the CoE for TR professionals in continuing care settings are some of the potential weaknesses of the CoE. **Time and Set-Up** The time and effort required for set-up are some of the potential weaknesses of the CoE.

23. What do you think are the opportunities of the centre of excellence?

Codes:	Categorized Codes:	Abstraction:
Unite TR Professionals Advocacy Inspire Best Practice Research Build Profession Community Hub	**Connecting TR Professionals** Unite TR Professionals Community Hub Relationships networking	**Connecting TR Professionals** One of the opportunities of the CoE is to connect TR professionals in

Access research Relationships networking Training opportunities Sharing information Advancing profession Increased awareness COVID-19 Challenges Buy-in External organizations Consistency Advocacy Education Growth Innovation	Buy-in **TR Advocacy** Advocacy Increased awareness External organizations Education **Advancement of Profession** Inspire Best Practice Build Profession Advancing profession Consistency Growth Innovation **Helping Professionals Meet Challenges** COVID-19 Challenges **Research and Education** Research Access research Training opportunities Sharing information Education	continuing care setting through networking and by serving as a hub. **TR Advocacy** One of the opportunities of the CoE is to advocate for TR services in continuing care settings through educational efforts and by raising awareness of TR with external organizations. **Advancement of Profession** One of the opportunites of the CoE is to advancee the TR profession in continuing care settings. **Helping Professionals Meet Challenges** One of the opportunities of the CoE is to help TR professionals meet challenges in their practice. **Research and Education** One of the opportunities of the CoE is to help practitioners access research and receive continued training/education.

24. What do you think are the potential threats of the proposed centre of excellence?

Codes:	Categorized Codes:	Abstraction:
Financial Language Barriers Non-TR Professionals Lack of Support Funding Friction between COE and TR associations Differentiating Duplication Just another organization Other associations not contributing	**Financial Threats** Financial Funding **Language Barriers** **Non-TR Professionals** **Lack of Support** Friction between COE and TR associations Differentiating Duplication Just another organization Other associations not contributing	**Financial Threats** Financial concerns are a potential threat to the CoE. **Language Barriers** Language Barriers are a potential threat to the CoE. **Non-TR Professionals** Non-TR professionals using the services of the CoE is a potential threat. **Lack of Support** Lack of support is a potential threat to the CoE.

APPENDIX E: FIRST DRAFT OF THE SECOND DELPHI QUESTIONNAIRE

7-Point Scales for Each Statement

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly agree

Resources and Functions of the Centre of Excellence

Education and Training

The CoE will offer resources or functions related to education and training.

It will offer individualized coaching and mentorship.

It will offer virtual training and education opportunities.

It will offer resources for education programs outside of the CoE.

Communication and Advocacy

The CoE will offer resources or functions related to communication and advocacy.

It will help to further the profession of TR.

It will keep practitioners up-to-date on current initiatives and trends.

It will help to connect professionals and students across Canada.

Knowledge and Research

The CoE will provide resources or functions related to research.

It will assist in conducting research.

It will help TR professionals in continuing care settings to increase their knowledge of best practices by accessing current research

It will help TR professionals in continuing care settings to increase their knowledge of best practices by seeking professional advice.

TR Practice

The CoE will provide resources or functions related to TR practice in Continuing Care.

It will help professionals with a variety of job-related tasks such as assessment, planning, program delivery, and evaluation.

It will help professionals obtain resources such as TR program plans.

It will assist professionals to manage other TR-related services such as developing job descriptions.

It will assist professionals to manage other TR-related services such as helping with student practicum supervision.

Professional Standardization and Unity

The CoE will help to to standardize and unify TR practice in continuing care settings.

Improve TR services

The CoE will help to improve TR services.

It will support consistent outcome-achievement.

It will support time-management.

It will support effective and efficient practice.

It will support resident well-being.

Accessibility to Information and Other Resources

The CoE will ensure accessibility in helping TR professionals in continuing care settings to find needed resources and information.

Help Centre

The CoE will function distinctly from already existing provincial and national TR associations by serving as help centre.

The CoE will serve as a centre where practitioners can voice their concerns and ask questions.

The CoE will serve as a centre where practitioners can receive one-to-one coaching.

Neutral and Collaborative Centre

The CoE will function distinctly from already existing provincial and national TR associations by serving as a neutral centre.

The CoE will function distinctly from already existing provincial and national TR associations by serving as a collaborative centre.

It will work together with other TR associations, but remain a neutral body.

Research and Education

The CoE will function distinctly from already existing provincial and national TR associations by conducting research.

The CoE will function distinctly from already existing provincial and national TR associations by educating TR professionals in continuing care settings.

It will provide in-depth focus on research for TR in continuing care settings.

It will provide in-depth focus on education for TR in continuing care settings.

It will provide in-depth focus on hands-on learning for TR in continuing care settings.

If anything is missing from the items listed above, please include it below:

Purpose or Aim of the Centre of Excellence

Promote Excellence

The purpose or aim of the CoE should be to promote excellence.

The purpose or aim of the CoE should be to promote evidence-based practice.

The purpose or aim of the CoE should be to promote advocacy.

The purpose or aim of the CoE should be to promote the advancement and development of TR in continuing care settings.

The purpose or aim of the CoE should be to promote person-centred care.

Resource

The purpose or aim of the CoE should be to serve as a central resource for TR professionals in continuing care settings.

Education and Training

The purpose or aim of the CoE should be to provide education and training.

It should be where experienced professionals guide and teach newer professionals.

It should serve as a source for continuing education.

If anything is missing from the items listed above, please include it below:

Issues or Problems that the Centre of Excellence Could Potentially Solve

Communication

The CoE could potentially solve issues or problems related to communication.

It will help support a unified language among TR practitioners in continuing care settings.

It will support practitioners in remote locations.

It will serve as a resource for communication.

Confidence in Practice

The CoE could potentially solve issues and problems related to confidence in TR practice in continuing care settings.

It will provide one-to-one coaching.

It will help advocate for TR in continuing care settings.

Improving Quality of Practice

The CoE could potentially solve issues and problems related to quality of TR practice in continuing care settings.

It will help practitioners increase their skills in assessment, planning, implementation, and evaluation.

It will help TR practitioners to serve the needs of various client populations in continuing care settings.

It will help TR practitioners to remain up-to-date.

It will help TR practitioners provide standardized care.

Lack Access to Research

The CoE could potentially solve issues and problems related to a lack of access to research.

It will serve as a reliable online resource or database to access research information.

If anything is missing from the items listed above, please include it below:

Vision, Mission, and Goals

The Core Values, Commitments, and Aspirations of the Centre of Excellence

To Promote Excellence and Advancement in TR

The core values, commitments, and aspirations of the CoE should be:

To promote excellence.

To promote the advancement of TR in continuing care settings.

To promote innovation.

To promote quality-improvement.

To promote standardization.

To promote Evidence-Based Practice.

To promote client/resident-centred care.

To Provide Resources to Support Excellence

The core values, commitments, and aspirations of the CoE should be:

To provide resources to support excellence.

To connect TR practitioners in continuing care settings.

To empower TR practitioners in continuing care settings.

To support TR practitioners in continuing care settings.

To mentor TR practitioners in continuing care settings.

To promote collaboration and teamwork.

To promote advocacy.

To promote education for TR in continuing care settings.

To promote research for TR in continuing care settings.

To connect academia with practice.

To provide current and accurate information.

If anything is missing from the items listed above, please include it below:

The Vision of the Centre of Excellence

Education and Research

Education should be included in the vision of the CoE.

Research should be included in the vision of the CoE.

Quality of Life in CC

Improved QoL for individuals in continuing care settings should be included in the vision of the CoE.

Improve TR Services

Improve TR services in continuing care settings should be included in the vision of the CoE.

Increase Understanding and Recognition of TR

Increase understanding and recognition of TR as an equal and allied health discipline should be included in the vision of the CoE.

Increase understanding and recognition of TR as an evidence-based health discipline should be included in the vision of the CoE.

If anything is missing from the items listed above, please include it below:

The Mission Statement of the Centre of Excellence

Inspiring and Advocating

Inspiring and advocating should be included in the mission statement of the CoE.

Creating leaders TR

Creating leaders in TR should be included in the mission statement of the CoE.

Sharing and Collaborating

Sharing and collaborating should be included in the mission statement of the CoE.

Improving TR and QoL Services

Improving TR services should be included in the mission statement of the CoE.

Improving resident quality of life should be included in the mission statement of the CoE.

Educating

Educating should be included in the mission statement of the CoE.

If anything is missing from the items listed above, please include it below:

Short-, Medium, and Long-Term Plans of the Centre of Excellence

Short

The short-term plan of the CoE should be:

To establish the CoE and its leadership.

To advertise the CoE across Canada.

To provide mentorship to TR practitioners in continuing care settings.

To provide needed resources to TR practitioners in continuing care settings.

Medium

The medium-term plan of the CoE should be:

To promote best practices for TR services in continuing care settings.

To standardize TR services in continuing care settings.

To serve as an online resource for communication.

To serve as an online resource for accessing current research.

To establish partnerships with other organizations.

Long

The long-term plan of the CoE should be:

To grow and maintain resources of the CoE.

To collect TR research in continuing care settings.

To provide TR research findings in continuing care settings.

To evaluate TR research in continuing care settings.

To promote the highest quality of care in continuing care settings.

To advocate and promote TR services in continuing care settings across Canada.

To standardize hiring practices.

To connect TR practitioners.

If anything is missing from the items listed above, please include it below:

User Involvement

14. What relationships should be established between the centre of excellence and individuals/organizations outside of the centre of excellence?

NCTRC

The CoE should establish a relationship with the NCTRC.

Therapeutic Recreation Associations

The CoE should establish relationships with national and provincial TR associations.

Educational Institutions

The CoE should establish relationships with post-secondary educational institutions.

The CoE should establish relationships with researchers.

The CoE should establish relationships with journals.

Federal gov

The CoE should establish a relationship with the federal government.

Associations for Dementia/Alzheimer's

The CoE should establish relationships with associations related to Alzheimer's and Dementia.

Individuals

The CoE should establish relationships with TR professionals.

The CoE should establish relationships with residents' family members.

The CoE should establish relationships with individuals with Alzheimer's Disease or Dementia.

Communication

The CoE should establish relationships through communication methods like mentoring and raising awareness.

If anything is missing from the items listed above, please include it below:

The Clients/Users of the Centre of Excellence

TR Professionals

The clients/users of the CoE will be TR practitioners.

The clients/users of the CoE will only be those with the CTRS credential.

The clients/users of the CoE will be TR assistants.

Health Authorities

The clients/users of the CoE will include health authorities.

Educational Institutions

The clients/users of the CoE will include educational institutions.

The clients/users of the CoE will include educators.

The clients/users of the CoE will include students.

Other Health Professionals

The clients/users of the CoE will include allied health professionals.

Employers

The clients/users of the CoE will include employers.

Clients

The clients/users of the CoE will include residents and other clients of TR services in continuing care settings.

If anything is missing from the items listed above, please include it below:

Governance and Operation

Measuring Performance

Feedback from Users

The CoE will measure performance by obtaining feedback from its users through surveys.

The CoE will measure performance by obtaining feedback from its users through reports on resident/clients satisfaction.

The CoE will measure performance by obtaining feedback from its users through reports on resident/clients outcomes.

The CoE will measure performance by obtaining feedback through users' recommendations for improvement.

Formal Evaluation of Services

The CoE will measure performance through formal evaluation of its services.

The CoE will measure performance through assessing the use of its resources.

The CoE will measure performance through measuring change.

The CoE will measure performance through annual statistical reports.

If anything is missing from the items listed above, please include it below:

Guidance and Governance

Guidance Within CoE

The CoE will provide guidance and governance within the CoE through a board of leaders/directors who enforce the guiding principles of the CoE over paid staff members.

Guidance Outside of CoE

The CoE will provide guidance and governance outside of the CoE through standardized education.

The CoE will provide guidance and governance outside of the CoE through partnerships with TR associations.

The CoE will provide guidance and governance outside of the CoE through partnerships with educational institutions.

The CoE will provide guidance and governance outside of the CoE by promoting the profession in continuing care settings.

The CoE will provide guidance and governance outside of the CoE through research.

Various Modes Communication

The CoE will serve TR practioners in continuing care settings through various modes of communication, such as in-person services.

The CoE will serve TR practioners in continuing care settings through various modes of communication, such as virtual/online services to be accessible across Canada.

If anything is missing from the items listed above, please include it below:

Operation of the Centre of Excellence

Accessibility

The CoE will remain accessible throughout the week for TR practitioners.

Paid and dedicated staff

The CoE will operate with paid staff members.

The CoE will provide services to users without a membership fee.

Provision of Training and Resources

The CoE will provide training and resources through an online system that matches desired learning or skills with suitable training opportunities.

Strategic Plan and Goals

The CoE will operate based on a strategic plan with goals.

If anything is missing from the items listed above, please include it below:

SWOT Analysis

Strengths

Centralized resource for TR Professionals in CC

Being a centralize resource for TR professionals in continuing care settings is one of the potential strengths of the CoE.

TR Growth and Advocacy

Promoting advocacy and growth of TR in continuing care settings is one of the potential strengths of the CoE.

Research

Conducting and disseminating research is one of the potential strengths of the CoE.

Support from Qualified Professionals

Qualified professionals supporting TR practitioners in continuing care settings is one of the potential strengths of the CoE.

Standardization of Practice

Standardization of TR practice in continuing care settings is one of the potential strengths of the CoE.

If anything is missing from the items listed above, please include it below:

Weaknesses

Financial Concerns

Concerns over finances, such as funding or costs for membership are some of the potential weaknesses of the CoE.

Usefulness to TR Professionals

Concerns over the usefulness of or interest in the CoE for TR professionals in continuing care settings are some of the potential weaknesses of the CoE.

Time and Set-Up

The time and effort required for set-up are some of the potential weaknesses of the CoE.

If anything is missing from the items listed above, please include it below:

Opportunities

Connecting TR Professionals

One of the opportunities of the CoE is to connect TR professionals in continuing care setting through networking and by serving as a hub.

TR Advocacy

One of the opportunities of the CoE is to advocate for TR services in continuing care settings through educational efforts.

One of the opportunities of the CoE is to advocate for TR services in continuing care settings by raising awareness of TR with external organizations.

Advancement of Profession

One of the opportunites of the CoE is to advance the TR profession in continuing care settings.

Helping Professionals Meet Challenges

One of the opportunities of the CoE is to help TR professionals meet challenges in their practice.

Research and Education

One of the opportunities of the CoE is to help practitioners access research.

One of the opportunities of the CoE is to help practitioners receive continued training/education.

If anything is missing from the items listed above, please include it below:

Threats

Financial Threats

Financial concerns are a potential threat to the CoE.

Language Barriers

Language Barriers are a potential threat to the CoE.

Non-TR Professionals

Non-TR professionals using the services of the CoE is a potential threat.

Lack of Support

Lack of support is a potential threat to the CoE.

If anything is missing from the items listed above, please include it below:

APPENDIX F: SECOND ROUND DELPHI QUESTIONNAIRE SUBMITTED TO PARTICIPANTS

Rank Ordered:

Vision, Mission, and Goals

The Vision of the Centre of Excellence (Rank)

Click and drag each item into the desired ranking from 1 [Top priority] to 7 [Lowest priority].

Inspiring and advocating should be included in the vision of the CoE.

Creating leaders in TR should be included in the vision of the CoE.

Sharing and collaborating should be included in the vision of the CoE.

Quality TR services should be included in the vision of the CoE.

Improved resident quality of life should be included in the vision of the CoE.

Increased opportunities for education should be included in the vision of the CoE.

Increased research and evidence-based practice should be included in the vision of the CoE.

If anything is missing from the items listed above, please include it below:

The Mission of the Centre of Excellence (Rank)

Click and drag each item into the desired ranking from 1 [Top priority] to 11 [Lowest priority].

To promote research related to TR in continuing care settings.

To promote education related to TR in continuing care settings.

To increase recognition and understanding of TR as an equal and evidence-based allied health discipline.

To promote innovation and advancement of TR in continuing care settings.

To promote quality-improvement, standardization, and evidence-based practice.

To promote person-centred care.

To serve as a central resource for TR professionals in continuing care settings.

To improve quality of life of individuals in continuing care settings.

To connect and empower TR practitioners in continuing care settings.

To support and mentor TR practitioners in continuing care settings.

To promote collaboration and teamwork.

If anything is missing from the items listed above, please include it below:

Short-, Medium, and Long-Term Goals of the Centre of Excellence (Rank)

Short

Click and drag each item into the desired ranking from 1 [Top priority] to 4 [Lowest priority].

To establish the CoE and its leadership.

To advertise the CoE across Canada.

To provide mentorship to TR practitioners in continuing care settings.

To provide needed resources to TR practitioners in continuing care settings.

If anything is missing from the items listed above, please include it below:

Medium

Click and drag each item into the desired ranking from 1 [Top priority] to 5 [Lowest priority].

To promote best practices for TR services in continuing care settings.

To promote standardized TR services in continuing care settings.

To serve as an online resource for communication and collaboration.

To serve as an online resource for accessing current research.

To establish partnerships with other organizations.

If anything is missing from the items listed above, please include it below:

Long

Click and drag each item into the desired ranking from 1 [Top priority] to 7 [Lowest priority].

To grow and maintain resources of the CoE.

To conduct TR research in continuing care settings.

To evaluate, collate and disseminate TR research in continuing care settings.

To promote the highest quality of care in continuing care settings.

To advocate and promote TR services in continuing care settings across Canada.

To advocate for standardized hiring practices.

To connect TR practitioners.

If anything is missing from the items listed above, please include it below:

Resources and Functions of the Centre of Excellence (Likert)

Click and drag the arrow to the desired scale point for each statement to indicate your level of agreement from 1 [Strongly Disagree] to 7 [Strongly Agree].

Education and Training

The CoE should offer resources or functions related to education and training.

The CoE should offer individualized and/or 1:1 coaching and mentorship.

The CoE should offer virtual training and education opportunities.

The CoE should share resources for education programs outside of the CoE.

Collaboration, Communication and Advocacy

The CoE should offer resources or functions related to communication and advocacy.

The CoE should keep practitioners up-to-date on current initiatives and trends.

The CoE should support practitioners in remote locations.

The CoE should help to connect professionals and students across Canada.

The CoE should serve as a centre where practitioners can voice their concerns and ask questions.

Knowledge and Research

The CoE should provide mentorship, resources and guidance to assist TR practitioners in conducting research.

The CoE should help TR professionals in continuing care settings increase their knowledge of best practices by accessing, translating and disseminating current research

The CoE should conduct research to increase evidence-based practice for TR in continuing care settings.

The CoE should serve as a reliable online resource or database to access research information.

TR Practice

The CoE should provide guidance and resources related to TR practice in Continuing Care.

The CoE should provide guidance and resources related to a variety of job-related tasks such as assessment, planning, program delivery, and evaluation.

The CoE should provide guidance and resources related to other TR services such as developing job descriptions.

The CoE should provide guidance and resources related to helping TR practitioners with student practicum supervision.

The CoE should help TR practitioners to serve the needs of various client populations in continuing care settings.

Distinct Function from Existing TR Associations

The CoE should function distinctly from already existing provincial and national TR associations by conducting research, providing specialised education and training, and serving as a neutral and collaborative help centre.

If anything is missing from the items listed above, please include it below:

User Involvement (Likert)

Click and drag the arrow to the desired scale point for each statement to indicate your level of agreement from 1 [Strongly Disagree] to 7 [Strongly Agree].

NCTRC

The CoE should establish a relationship with the NCTRC.

Therapeutic Recreation Associations

The CoE should establish relationships with national and provincial TR associations.

Educational Institutions

The CoE should establish relationships with post-secondary educational institutions.

The CoE should establish relationships with researchers.

The CoE should establish relationships with journals.

Federal gov

The CoE should establish a relationship with the federal government.

Associations for Dementia/Alzheimer's

The CoE should establish relationships with associations related to Alzheimer's and Dementia.

Individuals

The CoE should establish relationships with TR professionals.

The CoE should establish relationships with residents' family members.

The CoE should establish relationships with individuals with Alzheimer's Disease or Dementia.

If anything is missing from the items listed above, please include it below:

The Clients/Users of the Centre of Excellence (Likert)

Click and drag the arrow to the desired scale point for each statement to indicate your level of agreement from 1 [Strongly Disagree] to 7 [Strongly Agree].

TR Professionals

The clients/users of the CoE should be all TR and recreation practitioners working in continuing care settings.

The clients/users of the CoE should only be those with the CTRS credential.

The clients/users of the CoE should include TR assistants.

Health Authorities

The clients/users of the CoE should include health authorities.

Educational Institutions

The clients/users of the CoE should include educational institutions.

The clients/users of the CoE should include educators.

The clients/users of the CoE should include students.

Other Health Professionals

The clients/users of the CoE should include allied health professionals.

Employers

The clients/users of the CoE should include employers of TR professionals working in continuing care settings.

Residents

The clients/users of the CoE should include residents and other clients of TR services in continuing care settings.

If anything is missing from the items listed above, please include it below:

Measuring Performance (Likert)

Click and drag the arrow to the desired scale point for each statement to indicate your level of agreement from 1 [Strongly Disagree] to 7 [Strongly Agree].

Feedback from Users

The CoE should measure performance by obtaining feedback from its users through surveys, reports on resident/client satisfaction, reports on resident/client outcomes, and through users' recommendations for improvement.

Formal Evaluation of Services

The CoE should measure performance through formal evaluation of its services, such as assessing the use of its resources, measuring change, and annual statistical reports.

If anything is missing from the items listed above, please include it below:

Guidance, Governance and Operation (Likert)

Click and drag the arrow to the desired scale point for each statement to indicate your level of agreement from 1 [Strongly Disagree] to 7 [Strongly Agree].

Guidance Within CoE

Guidance and governance within the CoE should be provided by a board of leaders/directors who help ensure the guiding principles of the CoE are honoured through the work of paid staff members.

Guidance Outside of CoE

The CoE should provide guidance and governance outside of the CoE through standardized education, research, partnerships with TR associations and educational institutions, and by promoting the profession in continuing care settings.

Various Modes Communication

The CoE should serve TR practioners in continuing care settings through various modes of communication, such as in-person services and virtual/online services.

Accessibility

The CoE should remain easily accessible throughout the week for TR practitioners.

The CoE should provide services to users without a membership fee.

Paid and dedicated staff

The CoE should operate with paid staff members.

Strategic Plan and Goals

The CoE should operate based on a strategic plan with goals.

If anything is missing from the items listed above, please include it below:

SWOT Analysis (Rank Ordered)

Please Rank the Following Items for the SWOT Analysis

Strengths

Click and drag each item into the desired ranking from 1 [Top priority] to 5 [Lowest priority].

Being a centralized resource for TR professionals in continuing care settings is one of the potential strengths of the CoE.

Promoting advocacy and growth of TR in continuing care settings is one of the potential strengths of the CoE.

Conducting and disseminating research is one of the potential strengths of the CoE.

Qualified professionals supporting TR practitioners in continuing care settings is one of the potential strengths of the CoE.

Assisting in the standardization of TR practice in continuing care settings is one of the potential strengths of the CoE.

If anything is missing from the items listed above, please include it below:

Weaknesses

Click and drag each item into the desired ranking from 1 [Top priority] to 3 [Lowest priority].

Concerns over finances, such as funding or costs for membership are some of the potential weaknesses of the CoE.

Concerns over the usefulness of or interest in the CoE for TR professionals in continuing care settings are some of the potential weaknesses of the CoE.

The time and effort required for set-up are some of the potential weaknesses of the CoE.

If anything is missing from the items listed above, please include it below:

Opportunities

Click and drag each item into the desired ranking from 1 [Top priority] to 7 [Lowest priority].

One of the opportunities of the CoE is to connect TR professionals in continuing care setting through networking and by serving as a hub.

One of the opportunities of the CoE is to advocate for TR services in continuing care settings through educational efforts.

One of the opportunities of the CoE is to advocate for TR services in continuing care settings by raising awareness of TR with external organizations.

One of the opportunites of the CoE is to advance the TR profession in continuing care settings.

One of the opportunities of the CoE is to help TR professionals meet challenges in their practice.

One of the opportunities of the CoE is to help practitioners access research and better implement evidence-based practice.

One of the opportunities of the CoE is to help practitioners receive continued training/education.

If anything is missing from the items listed above, please include it below:

Threats

Click and drag each item into the desired ranking from 1 [Top priority] to 4 [Lowest priority].

Lack of financial support is a potential threat to the CoE.

Language Barriers are a potential threat to the CoE.

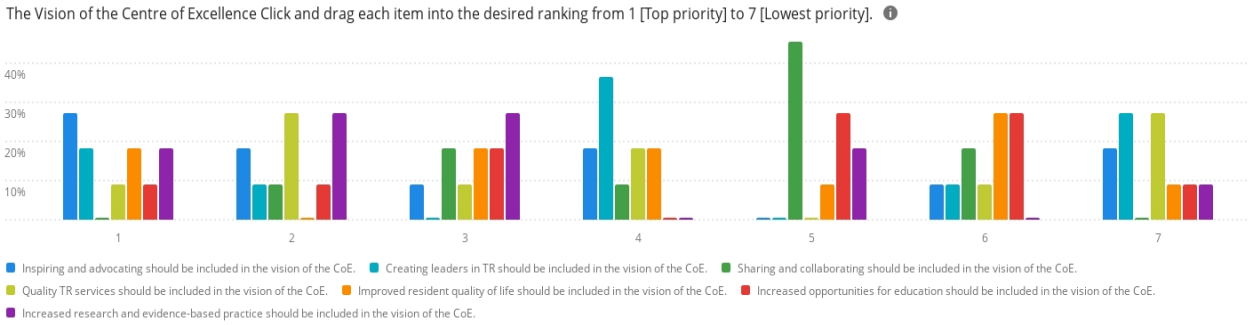
Non-TR professionals using the services of the CoE is a potential threat.

Lack of support for and awareness of the CoE is a potential threat.

If anything is missing from the items listed above, please include it below:

APPENDIX G: DATA FROM SECOND DELPHI ROUND

Q1 - The Vision of the Centre of Excellence: Click and drag each item into the desired ranking from 1 [Top priority] to 7 [Lowest priority].



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Inspiring and advocating should be included in the vision of the CoE.	1.00	7.00	3.45	2.23	4.98	11
2	Creating leaders in TR should be included in the vision of the CoE.	1.00	7.00	4.27	2.18	4.74	11
3	Sharing and collaborating should be included in the vision of the CoE.	2.00	6.00	4.45	1.23	1.52	11
4	Quality TR services should be included in the vision of the CoE.	1.00	7.00	4.09	2.19	4.81	11
5	Improved resident quality of life should be included in the vision of the CoE.	1.00	7.00	4.18	1.95	3.79	11
6	Increased opportunities for education should be included in the vision of the CoE.	1.00	7.00	4.45	1.83	3.34	11
7	Increased research and evidence-based practice should be included in the vision of the CoE.	1.00	7.00	3.09	1.78	3.17	11

#	Question	1		2		3		4		5		6		7		Total
1	Inspiring and advocating should be included in the vision of the CoE.	27.27%	3	18.18%	2	9.09%	1	18.18%	2	0.00%	0	9.09%	1	18.18%	2	11
2	Creating leaders in TR should be included in the vision of the CoE.	18.18%	2	9.09%	1	0.00%	0	36.36%	4	0.00%	0	9.09%	1	27.27%	3	11
3	Sharing and collaborating should be included in the vision of the CoE.	0.00%	0	9.09%	1	18.18%	2	9.09%	1	45.45%	5	18.18%	2	0.00%	0	11
4	Quality TR services should be included in the vision of the CoE.	9.09%	1	27.27%	3	9.09%	1	18.18%	2	0.00%	0	9.09%	1	27.27%	3	11
5	Improved resident quality of life should be included in the vision of the CoE.	18.18%	2	0.00%	0	18.18%	2	18.18%	2	9.09%	1	27.27%	3	9.09%	1	11
6	Increased opportunities for education should be included in the vision of the CoE.	9.09%	1	9.09%	1	18.18%	2	0.00%	0	27.27%	3	27.27%	3	9.09%	1	11
7	Increased research and evidence-based practice should be included in the vision of the CoE.	18.18%	2	27.27%	3	27.27%	3	0.00%	0	18.18%	2	0.00%	0	9.09%	1	11

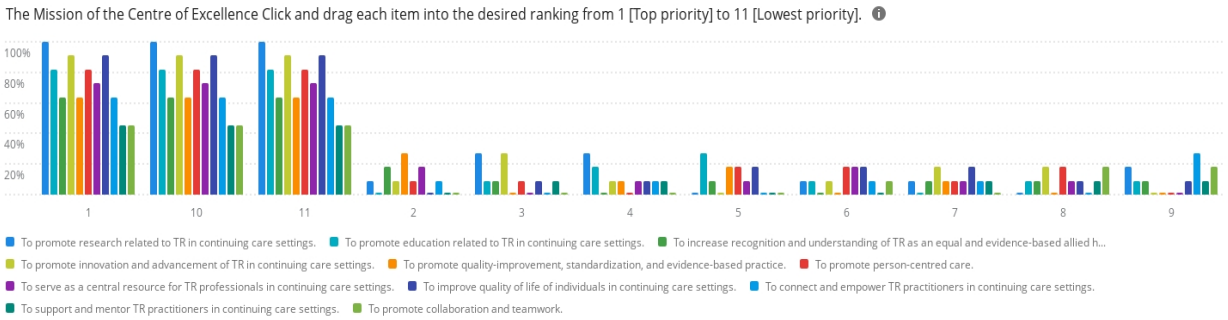
Q2 - If anything is missing from the items listed above, please include it below:

If anything is missing from the items listed above, please include it below:

to be a network or team of stakeholders dedicated to advancing research, knowledge exchange and optimize TR services in continuing care

Looks wonderful as is

Q3 - The Mission of the Centre of Excellence: Click and drag each item into the desired ranking from 1 [Top priority] to 11 [Lowest priority].

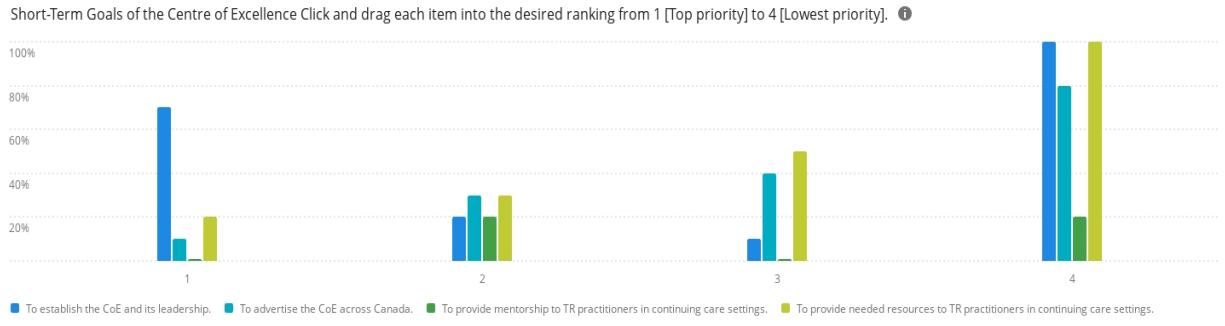


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To promote research related to TR in continuing care settings.	2.00	9.00	4.91	2.35	5.54	11
2	To promote education related to TR in continuing care settings.	3.00	10.00	6.27	2.42	5.83	11
3	To increase recognition and understanding of TR as an equal and evidence-based allied health discipline.	1.00	11.00	4.55	3.47	12.07	11
4	To promote innovation and advancement of TR in continuing care settings.	1.00	8.00	4.73	2.42	5.83	11
5	To promote quality-improvement, standardization, and evidence-based practice.	1.00	11.00	3.73	2.99	8.93	11
6	To promote person-centred care.	2.00	11.00	6.45	2.61	6.79	11
7	To serve as a central resource for TR professionals in continuing care settings.	1.00	10.00	5.55	2.97	8.79	11
8	To improve quality of life of individuals in continuing care settings.	3.00	10.00	6.36	2.01	4.05	11
9	To connect and empower TR practitioners in continuing care settings.	1.00	11.00	7.18	3.35	11.24	11
10	To support and mentor TR practitioners in continuing care settings.	1.00	11.00	7.64	3.31	10.96	11
11	To promote collaboration and teamwork.	1.00	11.00	8.64	2.87	8.23	11

#	Question	1		2		3		4		5		6		7		8		9		10		11		Total
1	To promote research related to TR in continuing care settings.	0.00%	0	9.09%	1	27.27%	3	27.27%	3	0.00%	0	9.09%	1	9.09%	1	0.00%	0	18.18%	2	0.00%	0	0.00%	0	11
2	To increase recognition and understanding of TR as an equal and evidence-based allied health discipline.	27.27%	3	18.18%	2	9.09%	1	0.00%	0	9.09%	1	0.00%	0	9.09%	1	9.09%	1	9.09%	1	0.00%	0	9.09%	1	11
3	To promote innovation and advancement of TR in continuing care settings.	9.09%	1	9.09%	1	27.27%	3	9.09%	1	0.00%	0	9.09%	1	18.18%	2	18.18%	2	0.00%	0	0.00%	0	0.00%	0	11
4	To promote quality-improvement, standardization, and evidence-based practice.	27.27%	3	27.27%	3	0.00%	0	9.09%	1	18.18%	2	0.00%	0	9.09%	1	0.00%	0	0.00%	0	0.00%	0	9.09%	1	11
5	To promote education related to TR in continuing care settings.	0.00%	0	0.00%	0	9.09%	1	18.18%	2	27.27%	3	9.09%	1	0.00%	0	9.09%	1	9.09%	1	18.18%	2	0.00%	0	11
6	To serve as a central resource for TR professionals in continuing care settings.	9.09%	1	18.18%	2	0.00%	0	9.09%	1	9.09%	1	18.18%	2	9.09%	1	9.09%	1	0.00%	0	18.18%	2	0.00%	0	11
7	To improve quality of life of individuals in continuing care settings.	0.00%	0	0.00%	0	9.09%	1	9.09%	1	18.18%	2	18.18%	2	18.18%	2	9.09%	1	9.09%	1	9.09%	1	0.00%	0	11
8	To connect and empower TR practitioners in continuing care settings.	9.09%	1	9.09%	1	0.00%	0	9.09%	1	0.00%	0	9.09%	1	9.09%	1	0.00%	0	27.27%	3	9.09%	1	18.18%	2	11
9	To support and mentor TR practitioners in continuing care settings.	9.09%	1	0.00%	0	9.09%	1	9.09%	1	0.00%	0	0.00%	0	9.09%	1	9.09%	1	9.09%	1	27.27%	3	18.18%	2	11
10	To promote collaboration and teamwork.	9.09%	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0	9.09%	1	0.00%	0	18.18%	2	18.18%	2	9.09%	1	36.36%	4	11
11	To promote person-centred care.	0.00%	0	9.09%	1	9.09%	1	0.00%	0	18.18%	2	18.18%	2	9.09%	1	18.18%	2	0.00%	0	9.09%	1	9.09%	1	11

Q4 - If anything is missing from the items listed above, please include it below:

Q6 - Short-Term Goals of the Centre of Excellence Click and drag each item into the desired ranking from 1 [Top priority] to 4 [Lowest priority].

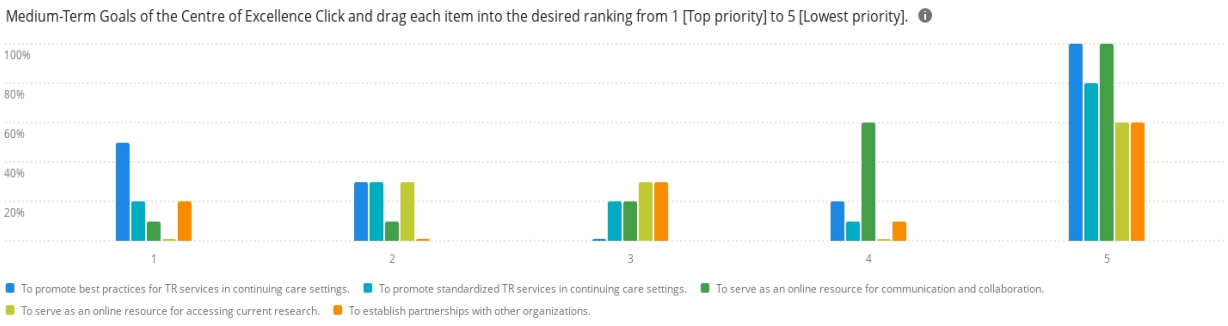


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To establish the CoE and its leadership.	1.00	3.00	1.40	0.66	0.44	10
2	To advertise the CoE across Canada.	1.00	4.00	2.70	0.90	0.81	10
3	To provide mentorship to TR practitioners in continuing care settings.	2.00	4.00	3.60	0.80	0.64	10
4	To provide needed resources to TR practitioners in continuing care settings.	1.00	3.00	2.30	0.78	0.61	10

#	Question	1		2		3		4		Total
1	To establish the CoE and its leadership.	70.00%	7	20.00%	2	10.00%	1	0.00%	0	10
2	To advertise the CoE across Canada.	10.00%	1	30.00%	3	40.00%	4	20.00%	2	10
3	To provide mentorship to TR practitioners in continuing care settings.	0.00%	0	20.00%	2	0.00%	0	80.00%	8	10
4	To provide needed resources to TR practitioners in continuing care settings.	20.00%	2	30.00%	3	50.00%	5	0.00%	0	10

Q7 - If anything is missing from the items listed above, please include it below:

Q8 - Medium-Term Goals of the Centre of Excellence: Click and drag each item into the desired ranking from 1 [Top priority] to 5 [Lowest priority].



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To promote best practices for TR services in continuing care settings.	1.00	4.00	1.90	1.14	1.29	10
2	To promote standardized TR services in continuing care settings.	1.00	5.00	2.80	1.40	1.96	10
3	To serve as an online resource for communication and collaboration.	1.00	4.00	3.30	1.00	1.01	10
4	To serve as an online resource for accessing current research.	2.00	5.00	3.50	1.28	1.65	10
5	To establish partnerships with other organizations.	1.00	5.00	3.50	1.50	2.25	10

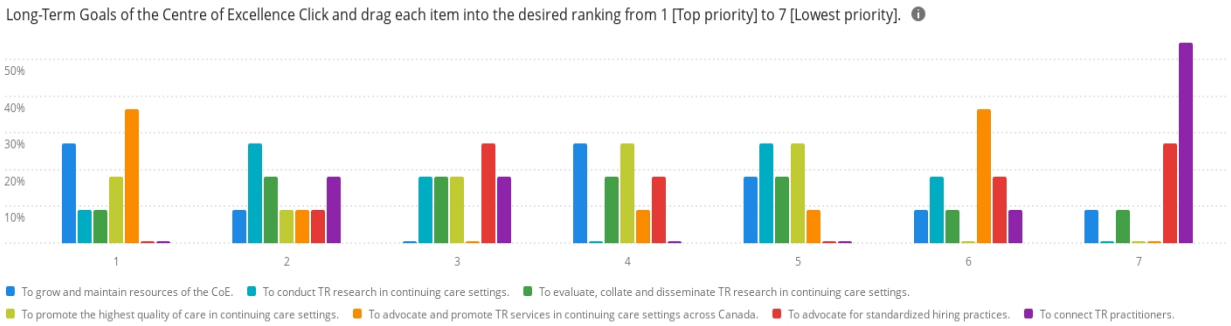
#	Question	1		2		3		4		5		Total
1	To promote best practices for TR services in continuing care settings.	50.00%	5	30.00%	3	0.00%	0	20.00%	2	0.00%	0	10
2	To promote standardized TR services in continuing care settings.	20.00%	2	30.00%	3	20.00%	2	10.00%	1	20.00%	2	10
3	To serve as an online resource for communication and collaboration.	10.00%	1	10.00%	1	20.00%	2	60.00%	6	0.00%	0	10
4	To serve as an online resource for accessing current research.	0.00%	0	30.00%	3	30.00%	3	0.00%	0	40.00%	4	10
5	To establish partnerships with other organizations.	20.00%	2	0.00%	0	30.00%	3	10.00%	1	40.00%	4	10

Q9 - If anything is missing from the items listed above, please include it below:

If anything is missing from the items listed above, please include it below:

to create a culture of continuous improvement

Q10 - Long-Term Goals of the Centre of Excellence: Click and drag each item into the desired ranking from 1 [Top priority] to 7 [Lowest priority].



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To grow and maintain resources of the CoE.	1.00	7.00	3.64	2.01	4.05	11
2	To conduct TR research in continuing care settings.	1.00	6.00	3.64	1.72	2.96	11
3	To evaluate, collate and disseminate TR research in continuing care settings.	1.00	7.00	3.82	1.75	3.06	11
4	To promote the highest quality of care in continuing care settings.	1.00	5.00	3.36	1.43	2.05	11
5	To advocate and promote TR services in continuing care settings across Canada.	1.00	6.00	3.55	2.23	4.98	11
6	To advocate for standardized hiring practices.	2.00	7.00	4.73	1.81	3.29	11
7	To connect TR practitioners.	2.00	7.00	5.27	2.14	4.56	11

#	Question	1		2		3		4		5		6		7		Total
1	To grow and maintain resources of the CoE.	27.27%	3	9.09%	1	0.00%	0	27.27%	3	18.18%	2	9.09%	1	9.09%	1	11
2	To conduct TR research in continuing care settings.	9.09%	1	27.27%	3	18.18%	2	0.00%	0	27.27%	3	18.18%	2	0.00%	0	11
3	To evaluate, collate and disseminate TR research in continuing care settings.	9.09%	1	18.18%	2	18.18%	2	18.18%	2	18.18%	2	9.09%	1	9.09%	1	11
4	To promote the highest quality of care in continuing care settings.	18.18%	2	9.09%	1	18.18%	2	27.27%	3	27.27%	3	0.00%	0	0.00%	0	11
5	To advocate and promote TR services in continuing care settings across Canada.	36.36%	4	9.09%	1	0.00%	0	9.09%	1	9.09%	1	36.36%	4	0.00%	0	11
6	To advocate for standardized hiring practices.	0.00%	0	9.09%	1	27.27%	3	18.18%	2	0.00%	0	18.18%	2	27.27%	3	11
7	To connect TR practitioners.	0.00%	0	18.18%	2	18.18%	2	0.00%	0	0.00%	0	9.09%	1	54.55%	6	11

Q11 - If anything is missing from the items listed above, please include it below:

If anything is missing from the items listed above, please include it below:

to be a world-class CoE in TR service delivery within continuing care (yes this is a big hairy audacious goal, and thought I'd plant that seed)

Q13 - Education and Training

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should offer resources or functions related to education and training.	5.00	7.00	6.36	0.64	0.41	11
2	The CoE should offer individualized and/or 1:1 coaching and mentorship.	4.00	7.00	5.36	1.15	1.32	11
3	The CoE should offer virtual training and education opportunities.	5.00	7.00	6.55	0.66	0.43	11

4	The CoE should share resources for education programs outside of the CoE.	5.00	7.00	6.18	0.57	0.33	11

Q14 - Collaboration, Communication and Advocacy

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should offer resources or functions related to communication and advocacy.	6.00	7.00	6.27	0.45	0.20	11
2	The CoE should keep practitioners up-to-date on current initiatives and trends.	5.00	7.00	6.64	0.77	0.60	11
3	The CoE should support practitioners in remote locations.	5.00	7.00	6.09	0.79	0.63	11
4	The CoE should help to connect professionals and students across Canada.	3.00	7.00	5.73	1.05	1.11	11
5	The CoE should serve as a centre where practitioners can voice their concerns and ask questions.	4.00	7.00	6.00	0.95	0.91	11

Q15 - Knowledge and Research

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should provide mentorship, resources and guidance to assist TR practitioners in conducting research.	6.00	7.00	6.64	0.48	0.23	11
2	The CoE should help TR professionals in continuing care settings increase their knowledge of best practices by accessing, translating and disseminating current research.	6.00	7.00	6.82	0.39	0.15	11
3	The CoE should conduct research to increase evidence-based	6.00	7.00	6.82	0.39	0.15	11

	practice for TR in continuing care settings.						
4	The CoE should serve as a reliable online resource or database to access research information.	5.00	7.00	6.64	0.77	0.60	11

Q16 - TR Practice

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should provide guidance and resources related to TR practice in Continuing Care.	5.00	7.00	6.55	0.66	0.43	11
2	The CoE should provide guidance and resources related to a variety of job-related tasks such as assessment, planning, program delivery, and evaluation.	5.00	7.00	6.36	0.64	0.41	11
3	The CoE should provide guidance and resources related to other TR services such as developing job descriptions.	3.00	7.00	5.18	1.19	1.42	11
4	The CoE should provide guidance and resources related to helping TR practitioners with student practicum supervision.	3.00	7.00	5.09	1.31	1.72	11
5	The CoE should help TR practitioners to serve the needs of various client populations in continuing care settings.	4.00	7.00	6.18	0.94	0.88	11

Q17 - Distinct Function from Existing TR Associations

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should function distinctly from already existing provincial and national TR associations by conducting research, providing specialised	2.00	7.00	6.18	1.47	2.15	11

	education and training, and serving as a neutral and collaborative help centre.						

Q18 - If anything is missing from the items listed above, please include it below:

If anything is missing from the items listed above, please include it below:

what about the culture within the centre of excellence ? maybe this is might be an add on study or research question

Q20 - NCTRC

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish a relationship with the NCTRC.	4.00	7.00	6.64	0.88	0.78	11

Q21 - Therapeutic Recreation Associations

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish relationships with national and provincial TR associations.	5.00	7.00	6.82	0.57	0.33	11

Q22 - Educational Institutions

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish relationships with post-secondary educational institutions.	6.00	7.00	6.73	0.45	0.20	11
2	The CoE should establish relationships with researchers.	6.00	7.00	6.82	0.39	0.15	11
3	The CoE should establish relationships with journals.	6.00	7.00	6.82	0.39	0.15	11

Q23 - Federal Government

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish a relationship with the federal government.	5.00	7.00	6.55	0.78	0.61	11

Q24 - Associations for Dementia/Alzheimer's

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish relationships with associations related to Alzheimer's and Dementia.	6.00	7.00	6.64	0.48	0.23	11

Q25 - Individuals

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish relationships with TR professionals.	6.00	7.00	6.91	0.29	0.08	11
2	The CoE should establish relationships with residents' family members.	3.00	7.00	5.64	1.30	1.69	11
3	The CoE should establish relationships with individuals with Alzheimer's Disease or Dementia.	3.00	7.00	5.45	1.23	1.52	11

Q26 - If anything is missing from the items listed above, please include it below:

Q28 - TR Professionals

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The clients/users of the CoE should be all TR and recreation practitioners working in continuing care settings.	2.00	7.00	5.64	1.82	3.32	11
2	The clients/users of the CoE should only be those with the CTRS credential.	1.00	7.00	4.36	1.82	3.32	11
3	The clients/users of the CoE should include TR assistants.	2.00	7.00	5.36	1.55	2.41	11

Q29 - Health Authorities

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The clients/users of the CoE should include health authorities.	3.00	7.00	5.27	1.14	1.29	11

Q30 - Educational Institutions

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The clients/users of the CoE should include educational institutions.	6.00	7.00	6.18	0.39	0.15	11
2	The clients/users of the CoE should include educators.	6.00	7.00	6.45	0.50	0.25	11
3	The clients/users of the CoE should include students.	4.00	7.00	5.91	0.90	0.81	11

Q31 - Other Health Professionals

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The clients/users of the CoE should include allied health professionals.	4.00	7.00	4.91	0.90	0.81	11

Q32 - Employers

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The clients/users of the CoE should include employers of TR professionals working in continuing care settings.	3.00	7.00	5.18	1.27	1.60	11

Q33 - Residents

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The clients/users of the CoE should include residents and other clients of TR services in continuing care settings.	3.00	7.00	4.91	1.24	1.54	11

Q34 - If anything is missing from the items listed above, please include it below:

If anything is missing from the items listed above, please include it below:
Wondering in what way some of these groups of people would be involved in the CoE. Residents, work employers, students, etc. Needing more clarification to give a firm response on these q's.

Q36 - Feedback from Users

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should measure performance by obtaining feedback from its users through surveys, reports on resident/client satisfaction, reports on resident/client outcomes, and through users' recommendations for improvement.	4.00	7.00	6.45	0.89	0.79	11

Q37 - Formal Evaluation of Services

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should measure performance through formal evaluation of its services, such as assessing the use of its resources, measuring change, and annual statistical reports.	4.00	7.00	6.18	0.83	0.69	11

Q38 - If anything is missing from the items listed above, please include it below:

Q40 - Guidance Within CoE

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Guidance and governance within the CoE should be provided by a board of leaders/directors who help ensure the guiding	5.00	7.00	6.09	0.51	0.26	11

	principles of the CoE are honoured through the work of paid staff members.						

Q41 - Guidance Outside of CoE

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should provide guidance and governance outside of the CoE through standardized education, research, partnerships with TR associations and educational institutions, and by promoting the profession in continuing care settings.	2.00	7.00	5.82	1.34	1.79	11

Q42 - Various Modes Communication

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should serve TR practioners in continuing care settings through various modes of communication, such as in-person services and virtual/online services.	6.00	7.00	6.45	0.50	0.25	11

Q43 - Accessibility

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should remain easily accessible throughout the week for TR practitioners.	5.00	7.00	6.55	0.66	0.43	11
2	The CoE should provide services to users without a membership fee.	3.00	7.00	5.45	1.50	2.25	11

Q44 - Paid and dedicated staff

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should operate with paid staff members.	5.00	7.00	6.45	0.66	0.43	11

Q45 - Strategic Plan and Goals

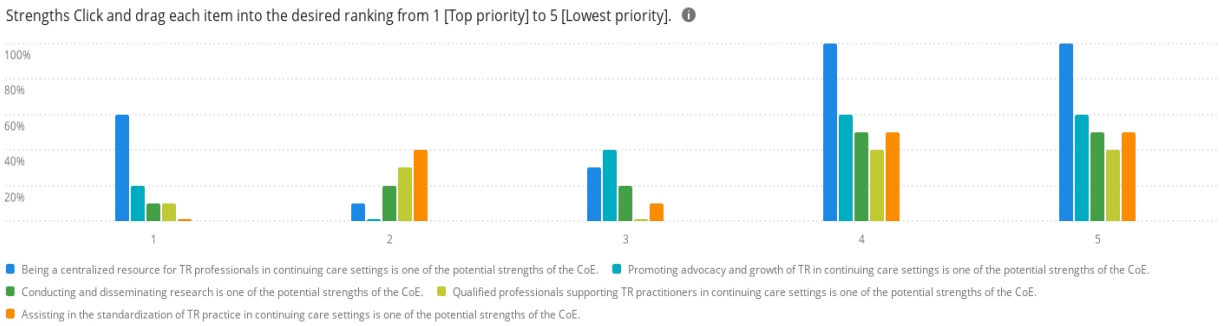
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should operate based on a strategic plan with goals.	6.00	7.00	6.64	0.48	0.23	11

Q46 - If anything is missing from the items listed above, please include it below:

If anything is missing from the items listed above, please include it below:

that about the culture of the centre

Q48 – Strengths: Click and drag each item into the desired ranking from 1 [Top priority] to 5 [Lowest priority].



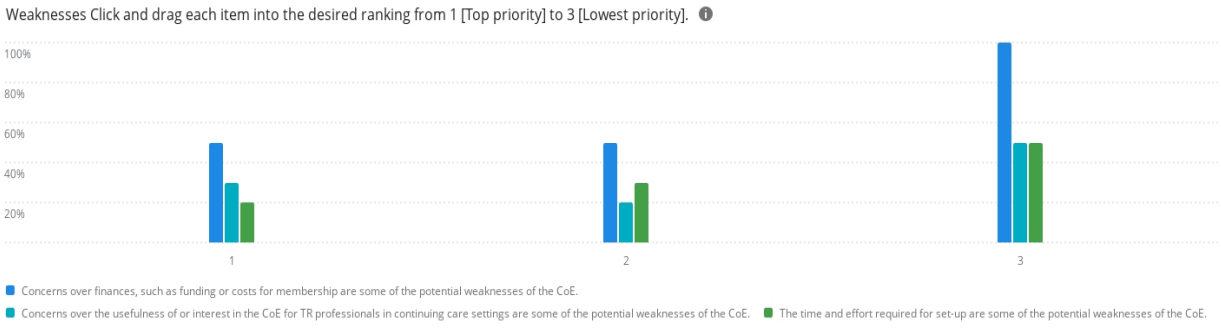
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Being a centralized resource for TR professionals in continuing care settings is one of the potential strengths of the CoE.	1.00	3.00	1.70	0.90	0.81	10
2	Promoting advocacy and growth of TR in continuing care settings is one of the potential strengths of the CoE.	1.00	5.00	3.10	1.22	1.49	10
3	Conducting and disseminating research is one of the potential strengths of the CoE.	1.00	5.00	3.40	1.36	1.84	10
4	Qualified professionals supporting TR practitioners in continuing care settings is one of the potential strengths of the CoE.	1.00	5.00	3.60	1.56	2.44	10
5	Assisting in the standardization of TR practice in continuing care settings is one of the potential strengths of the CoE.	2.00	5.00	3.20	1.08	1.16	10

#	Question	1		2		3		4		5		Total
1	Being a centralized resource for TR professionals in continuing care settings is one of the potential strengths of the CoE.	60.00%	6	10.00%	1	30.00%	3	0.00%	0	0.00%	0	10
2	Promoting advocacy and growth of TR in continuing care settings is one of the potential strengths of the CoE.	20.00%	2	0.00%	0	40.00%	4	30.00%	3	10.00%	1	10
3	Conducting and disseminating research	10.00%	1	20.00%	2	20.00%	2	20.00%	2	30.00%	3	10

	is one of the potential strengths of the CoE.											
4	Qualified professionals supporting TR practitioners in continuing care settings is one of the potential strengths of the CoE.	10.00%	1	30.00%	3	0.00%	0	10.00%	1	50.00%	5	10
5	Assisting in the standardization of TR practice in continuing care settings is one of the potential strengths of the CoE.	0.00%	0	40.00%	4	10.00%	1	40.00%	4	10.00%	1	10

Q49 - If anything is missing from the items listed above, please include it below:

Q50 – Weaknesses: Click and drag each item into the desired ranking from 1 [Top priority] to 3 [Lowest priority].



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Concerns over finances, such as funding or costs for membership are some of the potential weaknesses of the CoE.	1.00	2.00	1.50	0.50	0.25	10
2	Concerns over the usefulness of or interest in the CoE for TR professionals in continuing care settings are some of the potential weaknesses of the CoE.	1.00	3.00	2.20	0.87	0.76	10

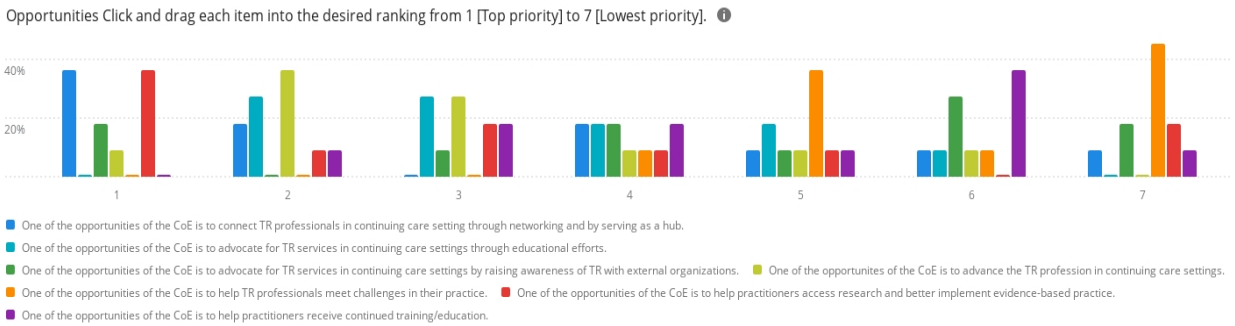
3	The time and effort required for set-up are some of the potential weaknesses of the CoE.	1.00	3.00	2.30	0.78	0.61	10

#	Question	1		2		3		Total
1	Concerns over finances, such as funding or costs for membership are some of the potential weaknesses of the CoE.	50.00%	5	50.00%	5	0.00%	0	10
2	Concerns over the usefulness of or interest in the CoE for TR professionals in continuing care settings are some of the potential weaknesses of the CoE.	30.00%	3	20.00%	2	50.00%	5	10
3	The time and effort required for set-up are some of the potential weaknesses of the CoE.	20.00%	2	30.00%	3	50.00%	5	10

Q51 - If anything is missing from the items listed above, please include it below:

If anything is missing from the items listed above, please include it below:

Q52 – Opportunities: Click and drag each item into the desired ranking from 1 [Top priority] to 7 [Lowest priority].



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	One of the opportunities of the CoE is to connect TR professionals in continuing care setting through networking and by serving as a hub.	1.00	7.00	3.09	2.11	4.45	11

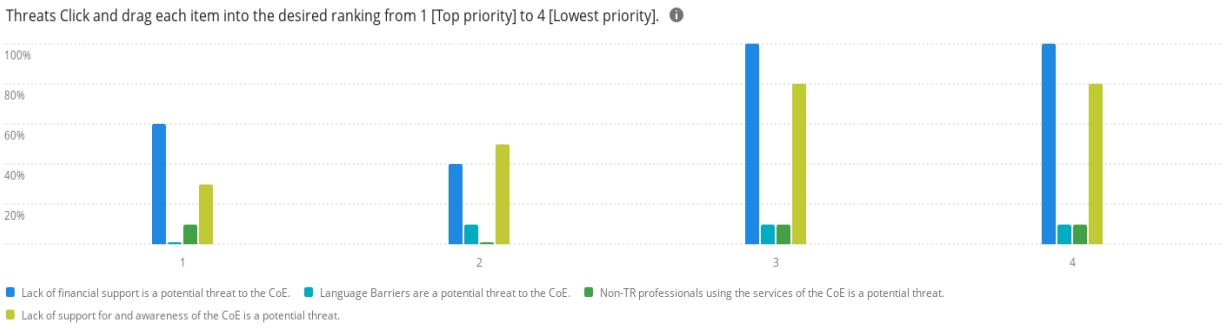
2	One of the opportunities of the CoE is to advocate for TR services in continuing care settings through educational efforts.	2.00	6.00	3.55	1.30	1.70	11
3	One of the opportunities of the CoE is to advocate for TR services in continuing care settings by raising awareness of TR with external organizations.	1.00	7.00	4.55	2.06	4.25	11
4	One of the opportunites of the CoE is to advance the TR profession in continuing care settings.	1.00	6.00	3.00	1.41	2.00	11
5	One of the opportunities of the CoE is to help TR professionals meet challenges in their practice.	4.00	7.00	5.91	1.08	1.17	11
6	One of the opportunities of the CoE is to help practitioners access research and better implement evidence-based practice.	1.00	7.00	3.18	2.21	4.88	11
7	One of the opportunities of the CoE is to help practitioners receive continued training/education.	2.00	7.00	4.73	1.54	2.38	11

#	Question	1		2		3		4		5		6		7		Total
1	One of the opportunities of the CoE is to connect TR professionals in continuing care setting through networking and by serving as a hub.	36.36%	4	18.18%	2	0.00%	0	18.18%	2	9.09%	1	9.09%	1	9.09%	1	11
2	One of the opportunities of the CoE is to advocate for TR services in continuing care settings through educational efforts.	0.00%	0	27.27%	3	27.27%	3	18.18%	2	18.18%	2	9.09%	1	0.00%	0	11
3	One of the opportunities of the CoE is to advocate for TR services in continuing care settings by raising	18.18%	2	0.00%	0	9.09%	1	18.18%	2	9.09%	1	27.27%	3	18.18%	2	11

	awareness of TR with external organizations.															
4	One of the opportunites of the CoE is to advance the TR profession in continuing care settings.	9.09%	1	36.36%	4	27.27%	3	9.09%	1	9.09%	1	9.09%	1	0.00%	0	11
5	One of the opportunities of the CoE is to help TR professionals meet challenges in their practice.	0.00%	0	0.00%	0	0.00%	0	9.09%	1	36.36%	4	9.09%	1	45.45%	5	11
6	One of the opportunities of the CoE is to help practitioners access research and better implement evidence-based practice.	36.36%	4	9.09%	1	18.18%	2	9.09%	1	9.09%	1	0.00%	0	18.18%	2	11
7	One of the opportunities of the CoE is to help practitioners receive continued training/education.	0.00%	0	9.09%	1	18.18%	2	18.18%	2	9.09%	1	36.36%	4	9.09%	1	11

Q53 - If anything is missing from the items listed above, please include it below:

Q54 – Threats: Click and drag each item into the desired ranking from 1 [Top priority] to 4 [Lowest priority].



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Lack of financial support is a potential threat to the CoE.	1.00	2.00	1.40	0.49	0.24	10

2	Language Barriers are a potential threat to the CoE.	2.00	4.00	3.30	0.64	0.41	10
3	Non-TR professionals using the services of the CoE is a potential threat.	1.00	4.00	3.30	0.90	0.81	10
4	Lack of support for and awareness of the CoE is a potential threat.	1.00	4.00	2.00	0.89	0.80	10

#	Question	1		2		3		4		Total
1	Lack of financial support is a potential threat to the CoE.	60.00%	6	40.00%	4	0.00%	0	0.00%	0	10
2	Language Barriers are a potential threat to the CoE.	0.00%	0	10.00%	1	50.00%	5	40.00%	4	10
3	Non-TR professionals using the services of the CoE is a potential threat.	10.00%	1	0.00%	0	40.00%	4	50.00%	5	10
4	Lack of support for and awareness of the CoE is a potential threat.	30.00%	3	50.00%	5	10.00%	1	10.00%	1	10

Q55 - If anything is missing from the items listed above, please include it below:

If anything is missing from the items listed above, please include it below:
there are already many centers of excellences that may include TR services or similar services how is this different?

APPENDIX H: ANALYSIS OF RESULTS FROM SECOND DELPHI ROUND

The Vision of the Centre of Excellence (Ranked from 1-7 based on participants' responses)

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Increased research and evidence-based practice should be included in the vision of the CoE.	1.00	7.00	3.09	1.78	3.17	11
2	Inspiring and advocating should be included in the vision of the CoE.	1.00	7.00	3.45	2.23	4.98	11
3	Quality TR services should be included in the vision of the CoE.	1.00	7.00	4.09	2.19	4.81	11
Cut-Off Point							
4	Improved resident quality of life should be included in the vision of the CoE.	1.00	7.00	4.18	1.95	3.79	11
5	Creating leaders in TR should be included in the vision of the CoE.	1.00	7.00	4.27	2.18	4.74	11
6/7	Sharing and collaborating should be included in the vision of the CoE.	2.00	6.00	4.45	1.23	1.52	11
6/7	Increased opportunities for education should be included in the vision of the CoE.	1.00	7.00	4.45	1.83	3.34	11

Recommendation from a research participant:

"to be a network or team of stakeholders dedicated to advancing research, knowledge exchange and optimize TR services in continuing care."

Advancing Research

1	Increased research and evidence-based practice should be included in the vision of the CoE.

Knowledge Exchange

6/7	Sharing and collaborating should be included in the vision of the CoE.

6/7	Increased opportunities for education should be included in the vision of the CoE.

Optimize TR Services in Continuing Care

3	Quality TR services should be included in the vision of the CoE.

*The key components of the participant's recommendation appear to have been addressed to a reasonable extent in the statements presented.

The Mission of the Centre of Excellence (Ranked based on participants' responses from 1 to 11)

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To promote quality-improvement, standardization, and evidence-based practice.	1.00	11.00	3.73	2.99	8.93	11
2	To increase recognition and understanding of TR as an equal and evidence-based allied health discipline.	1.00	11.00	4.55	3.47	12.07	11
3	To promote innovation and advancement of TR in continuing care settings.	1.00	8.00	4.73	2.42	5.83	11
4	To promote research related to TR in continuing care settings.	2.00	9.00	4.91	2.35	5.54	11
5	To serve as a central resource for TR professionals in continuing care settings.	1.00	10.00	5.55	2.97	8.79	11
Cut-Off Point							
6	To promote education related to TR in continuing care settings.	3.00	10.00	6.27	2.42	5.83	11
7	To improve quality of life of individuals in continuing care settings.	3.00	10.00	6.36	2.01	4.05	11
8	To promote person-centred care.	2.00	11.00	6.45	2.61	6.79	11
9	To connect and empower TR practitioners in continuing care settings.	1.00	11.00	7.18	3.35	11.24	11
10	To support and mentor TR practitioners in continuing care settings.	1.00	11.00	7.64	3.31	10.96	11

11	To promote collaboration and teamwork.	1.00	11.00	8.64	2.87	8.23	11

Short-Term Goals of the Centre of Excellence (Ranked based on participants' responses from 1 to 4)

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To establish the CoE and its leadership.	1.00	3.00	1.40	0.66	0.44	10
2	To provide needed resources to TR practitioners in continuing care settings.	1.00	3.00	2.30	0.78	0.61	10
3	To advertise the CoE across Canada.	1.00	4.00	2.70	0.90	0.81	10
Cut-Off Point							
4	To provide mentorship to TR practitioners in continuing care settings.	2.00	4.00	3.60	0.80	0.64	10

Recommendation from a research participant:

"to create a culture of continuous improvement."

"To create a culture of continuous improvement" could be presented as an additional statement for the final round.

Medium-Term Goals of the Centre of Excellence (Ranked based on participants' responses from 1 to 5).

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To promote best practices for TR services in continuing care settings.	1.00	4.00	1.90	1.14	1.29	10
2	To promote standardized TR services in continuing care settings.	1.00	5.00	2.80	1.40	1.96	10
3	To serve as an online resource for communication and collaboration.	1.00	4.00	3.30	1.00	1.01	10

Cut-Off Point							
4/5	To serve as an online resource for accessing current research.	2.00	5.00	3.50	1.28	1.65	10
4/5	To establish partnerships with other organizations.	1.00	5.00	3.50	1.50	2.25	10

Long-Term Goals of the Centre of Excellence (Ranked based on participant's responses from 1 to 7).

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To promote the highest quality of care in continuing care settings.	1.00	5.00	3.36	1.43	2.05	11
2	To advocate and promote TR services in continuing care settings across Canada.	1.00	6.00	3.55	2.23	4.98	11
3/4	To grow and maintain resources of the CoE.	1.00	7.00	3.64	2.01	4.05	11
3/4	To conduct TR research in continuing care settings.	1.00	6.00	3.64	1.72	2.96	11
5	To evaluate, collate and disseminate TR research in continuing care settings.	1.00	7.00	3.82	1.75	3.06	11
Cut-Off Point							
6	To advocate for standardized hiring practices.	2.00	7.00	4.73	1.81	3.29	11
7	To connect TR practitioners.	2.00	7.00	5.27	2.14	4.56	11

Recommendation from a research participant:

"to be a world-class CoE in TR service delivery within continuing care (yes this is a big hairy audacious goal, and thought I'd plant that seed)."

"To be a world-class CoE in TR service delivery within continuing care" could be an additional statement for the final round.

Resources and Functions of the CoE

Education and Training

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should offer resources or functions related to education and training.	5.00	7.00	6.36	0.64	0.41	11
2	~~The CoE should offer individualized and/or 1:1 coaching and mentorship.~~	4.00	7.00	~~5.36~~	1.15	1.32	11
3	The CoE should offer virtual training and education opportunities.	5.00	7.00	6.55	0.66	0.43	11
4	The CoE should share resources for education programs outside of the CoE.	5.00	7.00	6.18	0.57	0.33	11

Collaboration, Communication and Advocacy

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should offer resources or functions related to communication and advocacy.	6.00	7.00	6.27	0.45	0.20	11
2	The CoE should keep practitioners up-to-date on current initiatives and trends.	5.00	7.00	6.64	0.77	0.60	11
3	The CoE should support practitioners in remote locations.	5.00	7.00	6.09	0.79	0.63	11
4	~~The CoE should help to connect professionals and students across Canada~~.	3.00	7.00	~~5.73~~	1.05	1.11	11
5	The CoE should serve as a centre where practitioners can voice their concerns and ask questions.	4.00	7.00	6.00	0.95	0.91	11

Knowledge and Research

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should provide mentorship, resources and guidance to assist TR practitioners in conducting research.	6.00	7.00	6.64	0.48	0.23	11
2	The CoE should help TR professionals in continuing care	6.00	7.00	6.82	0.39	0.15	11

	settings increase their knowledge of best practices by accessing, translating, and disseminating current research.						
3	The CoE should conduct research to increase evidence-based practice for TR in continuing care settings.	6.00	7.00	6.82	0.39	0.15	11
4	The CoE should serve as a reliable online resource or database to access research information.	5.00	7.00	6.64	0.77	0.60	11

TR Practice

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should provide guidance and resources related to TR practice in Continuing Care.	5.00	7.00	6.55	0.66	0.43	11
2	The CoE should provide guidance and resources related to a variety of job-related tasks such as assessment, planning, program delivery, and evaluation.	5.00	7.00	6.36	0.64	0.41	11
3	~~The CoE should provide guidance and resources related to other TR services such as developing job descriptions.~~	3.00	7.00	~~5.18~~	1.19	1.42	11
4	~~The CoE should provide guidance and resources related to helping TR practitioners with student practicum supervision.~~	3.00	7.00	~~5.09~~	1.31	1.72	11
5	The CoE should help TR practitioners to serve the needs of various client populations in continuing care settings.	4.00	7.00	6.18	0.94	0.88	11

Distinct Function from Existing TR Associations

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should function distinctly from already existing provincial and national TR associations by conducting research, providing specialised education, and training, and serving as a neutral and collaborative help centre.	2.00	7.00	6.18	1.47	2.15	11

Recommendation from a research participant:

"what about the culture within the centre of excellence ? maybe this is might be an add on study or research question."

As mentioned by the participant, this could be an additional question for further study. This can be noted in the discussion section.

NCTRC

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish a relationship with the NCTRC.	4.00	7.00	6.64	0.88	0.78	11

Therapeutic Recreation Associations

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish relationships with national and provincial TR associations.	5.00	7.00	6.82	0.57	0.33	11

Educational Institutions

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish relationships with post-secondary educational institutions.	6.00	7.00	6.73	0.45	0.20	11
2	The CoE should establish relationships with researchers.	6.00	7.00	6.82	0.39	0.15	11

3	The CoE should establish relationships with journals.	6.00	7.00	6.82	0.39	0.15	11

Federal Government

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish a relationship with the federal government.	5.00	7.00	6.55	0.78	0.61	11

Associations for Dementia/Alzheimer's

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish relationships with associations related to Alzheimer's and Dementia.	6.00	7.00	6.64	0.48	0.23	11

Individuals

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should establish relationships with TR professionals.	6.00	7.00	6.91	0.29	0.08	11
2	~~The CoE should establish relationships with residents' family members.~~	3.00	7.00	~~5.64~~	1.30	1.69	11
3	~~The CoE should establish relationships with individuals with Alzheimer's Disease or Dementia.~~	3.00	7.00	~~5.45~~	1.23	1.52	11

Clients and Users of the CoE

TR Professionals

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	~~The clients/users of the CoE should be all TR and recreation~~	2.00	7.00	~~5.64~~	1.82	3.32	11

	~~practitioners working in continuing care settings.~~						
2	~~The clients/users of the CoE should only be those with the CTRS credential.~~	1.00	7.00	~~4.36~~	1.82	3.32	11
3	~~The clients/users of the CoE should include TR assistants.~~	2.00	7.00	~~5.36~~	1.55	2.41	11

*None of the above responses received an agreement average of 6 or above, which is problematic since the CoE is essentially being established for TR practitioners.

A new statement may need to be presented.

Health Authorities

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	~~The clients/users of the CoE should include health authorities.~~	3.00	7.00	~~5.27~~	1.14	1.29	11

Educational Institutions

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The clients/users of the CoE should include educational institutions.	6.00	7.00	6.18	0.39	0.15	11
2	The clients/users of the CoE should include educators.	6.00	7.00	6.45	0.50	0.25	11
3	~~The clients/users of the CoE should include students.~~	4.00	7.00	~~5.91~~	0.90	0.81	11

Other Health Professionals

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	~~The clients/users of the CoE should include allied health professionals.~~	4.00	7.00	~~4.91~~	0.90	0.81	11

Employers

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	~~The clients/users of the CoE should include employers of TR professionals working in continuing care settings.~~	3.00	7.00	~~5.18~~	1.27	1.60	11

Residents

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	~~The clients/users of the CoE should include residents and other clients of TR services in continuing care settings.~~	3.00	7.00	~~4.91~~	1.24	1.54	11

Recommendation from a research participant:

"Wondering in what way some of these groups of people would be involved in the CoE. Residents, work employers, students, etc. Needing more clarification to give a firm response on these q's."

*The way these groups of people would be involved is in relation to the services that the CoE is planning to deliver, such as education, research, etc. How these groups of people will specifically use the CoE is still unclear. Based on the responses of the participants, many of the groups listed will not be listed users of the CoE in the final Delphi round, such as residents, employers, etc.

Feedback from Users

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should measure performance by obtaining feedback from its users through surveys, reports on resident/client satisfaction, reports on resident/client outcomes, and through users' recommendations for improvement.	4.00	7.00	6.45	0.89	0.79	11

Formal Evaluation of Services

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should measure performance through formal evaluation of its services, such as assessing the use of its resources, measuring change, and annual statistical reports.	4.00	7.00	6.18	0.83	0.69	11

Guidance Within CoE

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Guidance and governance within the CoE should be provided by a board of leaders/directors who help ensure the guiding principles of the CoE are honoured through the work of paid staff members.	5.00	7.00	6.09	0.51	0.26	11

Guidance Outside of CoE

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	~~The CoE should provide guidance and governance outside of the CoE through standardized education, research, partnerships with TR associations and educational institutions, and by promoting the profession in continuing care settings.~~	2.00	7.00	5.82	1.34	1.79	11

Various Modes Communication

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should serve TR practitioners in continuing care settings through various modes of communication, such as in-person services and virtual/online services.	6.00	7.00	6.45	0.50	0.25	11

Accessibility

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should remain easily accessible throughout the week for TR practitioners.	5.00	7.00	6.55	0.66	0.43	11
2	~~The CoE should provide services to users without a membership fee.~~	3.00	7.00	~~5.45~~	1.50	2.25	11

Paid and dedicated staff

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should operate with paid staff members.	5.00	7.00	6.45	0.66	0.43	11

Strategic Plan and Goals

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The CoE should operate based on a strategic plan with goals.	6.00	7.00	6.64	0.48	0.23	11

Recommendation from a research participant:

"that about the culture of the centre."

*This could be addressed in the discussion section of the research study, since the participant has not provided enough information regarding this item to develop an additional statement.

Strengths (Ranked based on participants' responses from 1 to 5)

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Being a centralized resource for TR professionals in continuing care settings is one of the potential strengths of the CoE.	1.00	3.00	1.70	0.90	0.81	10
2	Promoting advocacy and growth of TR in continuing care settings	1.00	5.00	3.10	1.22	1.49	10

	is one of the potential strengths of the CoE.						
3	Assisting in the standardization of TR practice in continuing care settings is one of the potential strengths of the CoE.	2.00	5.00	3.20	1.08	1.16	10
Cut-Off Point							
4	Conducting and disseminating research is one of the potential strengths of the CoE.	1.00	5.00	3.40	1.36	1.84	10
5	Qualified professionals supporting TR practitioners in continuing care settings is one of the potential strengths of the CoE.	1.00	5.00	3.60	1.56	2.44	10

Weaknesses (Ranked based on participants' responses from 1 to 3)

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Concerns over finances, such as funding or costs for membership are some of the potential weaknesses of the CoE.	1.00	2.00	1.50	0.50	0.25	10
2	Concerns over the usefulness of or interest in the CoE for TR professionals in continuing care settings are some of the potential weaknesses of the CoE.	1.00	3.00	2.20	0.87	0.76	10
Cut-Off Point							
3	The time and effort required for set-up are some of the potential weaknesses of the CoE.	1.00	3.00	2.30	0.78	0.61	10

Opportunities (Ranked based on participants' responses from 1 to 7)

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	One of the opportunities of the CoE is to advance the TR profession in continuing care settings.	1.00	6.00	3.00	1.41	2.00	11
2	One of the opportunities of the CoE is to connect TR professionals in continuing care setting through networking and by serving as a hub.	1.00	7.00	3.09	2.11	4.45	11
3	One of the opportunities of the CoE is to help practitioners access research and better implement evidence-based practice.	1.00	7.00	3.18	2.21	4.88	11
4	One of the opportunities of the CoE is to advocate for TR services in continuing care settings through educational efforts.	2.00	6.00	3.55	1.30	1.70	11
Cut-Off Point							
5	One of the opportunities of the CoE is to advocate for TR services in continuing care settings by raising awareness of TR with external organizations.	1.00	7.00	4.55	2.06	4.25	11
6	One of the opportunities of the CoE is to help practitioners receive continued training/education.	2.00	7.00	4.73	1.54	2.38	11
7	One of the opportunities of the CoE is to help TR professionals meet challenges in their practice.	4.00	7.00	5.91	1.08	1.17	11

Threats (Ranked based on participants' responses from 1 to 4)

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Lack of financial support is a potential threat to the CoE.	1.00	2.00	1.40	0.49	0.24	10
2	Lack of support for and awareness of the CoE is a potential threat.	1.00	4.00	2.00	0.89	0.80	10
Cut-Off Point							

3/4	Language Barriers are a potential threat to the CoE.	2.00	4.00	3.30	0.64	0.41	10
3/4	Non-TR professionals using the services of the CoE is a potential threat.	1.00	4.00	3.30	0.90	0.81	10

Recommendation from a research participant:

“there are already many centers of excellences that may include TR services or similar services how is this different?”

*Currently, there do not appear to be many centres of excellence that include TR or similar services.

APPENDIX I: FINAL ROUND DELPHI QUESTIONNAIRE

The Vision of the Centre of Excellence (Rank Order)

The Vision Statement of the Centre of Excellence

Please rank order the following vision statements from 1 (Most preferred) to 3 (Least preferred).

"To inspire and advocate for increased research, evidence-based practice, and quality of TR services in continuing care settings."

"To inspire and advocate for increased research and evidence-based practice to improve the quality of TR services in continuing care settings."

"To inspire and advocate for quality TR services in continuing care settings through increased research and evidence-based practice."

The Key Mission Statements of the Centre of Excellence

(Likert Scale from 1- Strongly Disagree to 7-Strongly Agree)

Each of the five key mission statements has been combined with the short-, medium-, and long-term goals of Centre of Excellence. Please indicate your level of agreement with each mission statement and its associated goals.

(Continued on Following Page).

1	To serve as a central resource for TR professionals in continuing care settings. • To establish the CoE and its leadership. (Short) • To provide needed resources to TR practitioners in continuing care settings. (Short) • To advertise the CoE across Canada. (Short) • To serve as an online resource for communication and collaboration. (Medium) • To be a world-class CoE in TR service delivery within continuing care. (Long)
2	To promote innovation and advancement of TR in continuing care settings. • To create a culture of continuous improvement. (Short) • To promote the highest quality of care in continuing care settings. (Long) • To be a world-class CoE in TR service delivery within continuing care. (Long)
3	To promote quality-improvement, standardization, and evidence-based practice. • To promote best practices for TR services in continuing care settings. (Medium) • To promote standardized TR services in continuing care settings. (Medium) • To grow and maintain resources of the CoE. (Long) • To evaluate, collate and disseminate TR research in continuing care settings. (Long)
4	To increase recognition and understanding of TR as an equal and evidence-based allied health discipline. • To promote standardized TR services in continuing care settings. (Medium) • To advocate and promote TR services in continuing care settings across Canada. (Long)
5	To promote research related to TR in continuing care settings. • To conduct TR research in continuing care settings. (Long) • To evaluate, collate and disseminate TR research in continuing care settings. (Long)

The Clients/Users of the Centre of Excellence

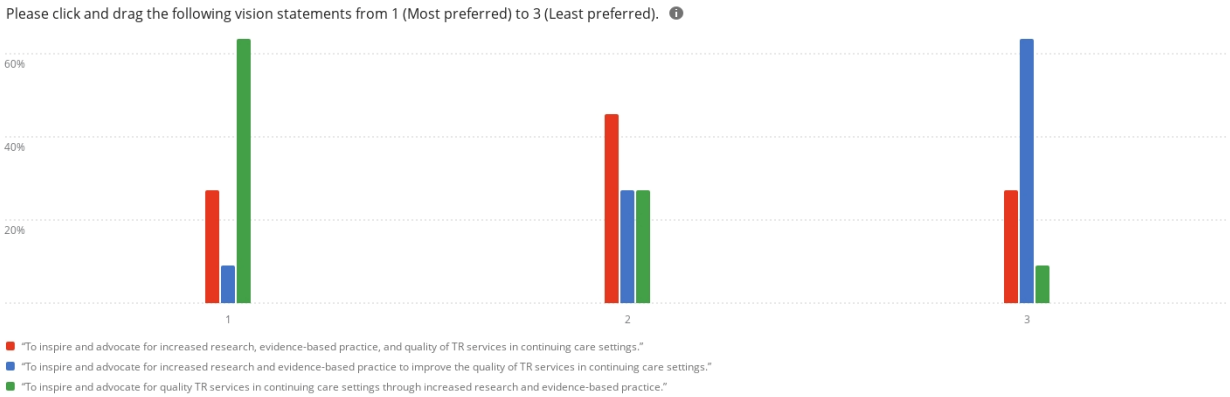
TR Professionals

Please indicate your level of agreement with the following statement on a scale of 1 (Strongly Disagree) to 7 (Strongly Agree).

1	The clients/users of the CoE should include Certified Therapeutic Recreation Specialists and Recreational Therapists working in continuing care settings.

APPENDIX J: ANALYSIS OF RESULTS FROM FINAL DELPHI ROUND

The Vision Statement of the Centre of Excellence



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	~~"To inspire and advocate for increased research, evidence-based practice, and quality of TR services in continuing care settings."~~	1.00	3.00	~~2.00~~	0.74	0.55	11
2	~~"To inspire and advocate for increased research and evidence-based practice to improve the quality of TR services in continuing care settings."~~	1.00	3.00	~~2.55~~	0.66	0.43	11
3	"To inspire and advocate for quality TR services in continuing care settings through increased research and evidence-based practice."	1.00	3.00	1.45	0.66	0.43	11

The Key Mission Statements of the Centre of Excellence

The following should be some of the key missions and accompanying goals of the CoE. (Ratings on Likert scales ranging from 1 “Strongly Disagree” to 7 “Strongly Agree).

*Statement #3 received a mean score of 5.91, which did not achieve a consensus based on the standard that was set of achieving an average score of at least 6 (Agree) or 7 (Strongly Agree) to obtain consensus.

Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1. To serve as a central resource for TR professionals in continuing care settings. • To establish the CoE and its leadership. (Short) • To provide needed resources to TR practitioners in continuing care settings. (Short) • To advertise the CoE across Canada. (Short) • To serve as an online resource for communication and collaboration. (Medium) • To be a world-class CoE in TR service delivery within continuing care. (Long)	6.00	7.00	6.27	0.45	0.20	11
2. To promote innovation and advancement of TR in continuing care settings. • To create a culture of continuous improvement. (Short) • To promote the highest quality of care in continuing care settings. (Long)	5.00	7.00	6.18	0.72	0.51	11

• To be a world-class CoE in TR service delivery within continuing care. (Long)						
~~3. To promote quality improvement, standardization, and evidence-based practice.~~ ~~• To promote best practices for TR services in continuing care settings. (Medium)~~ ~~• To promote standardized TR services in continuing care settings. (Medium)~~ ~~• To grow and maintain resources of the CoE. (Long)~~ ~~• To evaluate, collate and disseminate TR research in continuing care settings. (Long)~~	3.00	7.00	5.91	1.16	1.36	11
4. To increase recognition and understanding of TR as an equal and evidence-based allied health discipline. • To promote standardized TR services in continuing care settings. (Medium) • To advocate and promote TR services in continuing care settings across Canada. (Long)	5.00	7.00	6.09	0.79	0.63	11
5. To promote research related to TR in continuing care settings. • To conduct TR research in continuing care settings. (Long) • To evaluate, collate and disseminate TR research	5.00	7.00	6.36	0.64	0.41	11

in continuing care settings. (Long)						

The Clients/Users of the Centre of Excellence: TR Professionals

(Ratings on Likert scales ranging from 1 “Strongly Disagree” to 7 “Strongly Agree).

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The clients/users of the CoE should include Certified Therapeutic Recreation Specialists and Recreational Therapists working in continuing care settings.	3.00	7.00	6.55	1.16	1.34	11