

# A Canadian Story of Implementing Family Visitation Policy during the COVID-19 Pandemic



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# URGENCY IN LONG-TERM CARE SECTOR

## Military report reveals what sector has long known: Ontario's nursing homes are in trouble

System has been 'ignored' and 'neglected' for decades, says province's minister for long-term care

CBC Adam Carter · CBC News · May 27, 2020

## Restoring Trust:

### COVID-19 and The Future of Long-Term Care

June 2020



COVID-19 put the spotlight on long-term care facilities on East Coast, but keep the faith, say operators

## N.B. long-term care facilities not ready to open for 'outdoor visits'



By **Tim Roszell** · Global News  
Posted June 5, 2020 7:05 pm

## Coronavirus crisis at Nova Scotia nursing home far from over

GREG MERCER >

The pandemic has exposed the dependency we have on the family and friends who serve as caregivers for the elderly. These caregivers must be supported.

PRINT ARTICLE

Janice Keefe  
May 12, 2020

SHARE STORY



Mount St. Vincent prof part of team looking at why East Coast long-term care facilities were so vulnerable to COVID-19

## COVID-19 crisis in nursing homes is a gendered crisis

By Carole Estabrooks and Janice Keefe | May 25, 2020

A Policy Briefing by the Working Group on Long-Term Care

## Care aides are the real heroes

By CAROLE A. ESTABROOKS AND JANICE KEEFE APRIL 27, 2020



# Family Visitation Project Overview

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## Study Objectives:

1. Understand the barriers and enablers of implementing a designated caregiver (DCG)/partner in care (PiC) program in 6 publicly funded LTC homes in Nova Scotia and Prince Edward Island
2. Understand the impact on residents, family/friends, and staff
3. Understand how family/friends were engaged in the process

## Context:

Health is Provincial Jurisdiction –LTC mention but non-insured under Canada Health Act

NS/PEI -low incidence of COVID cases and few outbreaks in LTC.

- Exception – One Halifax facility 47 deaths

Facilities were selected to be a mix of ownership; size and location



# Study Overview and Objective

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## **Study Objectives:**

1. Understand what facilitated and what hindered implementing a designated caregiver (DCG)/partner in care (PiC) program in 6 publicly funded LTC homes in Nova Scotia and Prince Edward Island
2. Understand the impact on residents, family/friends, and staff
3. Understand how family/friends were engaged in the process

## **Background:**

Nova Scotia and PEI had low incidence of COVID cases and very few outbreaks in LTC.

Exception – Northwood Halifax location 47 deaths

Facilities were selected to be a mix of ownership; size and location



# Methods

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## Phone/Video Interviews (April 2021 – May 2021) with:

- 38 Designated caregivers (DCGs) (30 follow-up interviews in July 2021)
- 15 Non-designated caregivers (non-DCGs)
- 32 Implementation staff
- 22 Direct care staff

## Facility Profile Surveys

- With administrators from the 6 facilities

## Document Review

- 97 implementation documents

## Key Informant Interviews

- 10 interviews with representatives from British Columbia, UK, & Netherlands



# Key Messages – Implementation

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## 1. Communication is key to successful implementation

- **FAMILY:**

- Facilitator: frequent and clear communication; email; telephone; ... in-person
- Barrier: general communication; inconsistent; lack of access to staff; limited opportunity for feedback

- **STAFF**

- Facilitator: good communication from management; via phone, email or message board; frequent meetings and working together
- Barrier: last minute; miscommunication of the rules; ever changing rules; top-down; public announcements prior to facility knowing; time constraint



# Key Messages – Implementation

## 2. Flexibility within the program

### Attend to differences among families

- Large family dynamics- only 2 or 3 DCGs allowed
- Working families disadvantaged

### Residents with dementia

- Difficulty understanding what was happening – lacked communication
- Difficulty staying in one room, like to wander, but families can't leave the residents room

### End of life allowances

- Need to allow more visitors at the end of life
- Need more privacy and ability to take off their masks



**Note: restrictions have been eased recently. These are from interviews in Spring 2021.**

# Key Learnings and Recommendations

## Impact on residents, family, and staff:

### During Lockdown:

- Significant negative impact on resident and family/friend's emotional well-being

### During Implementation of Family Visitation Program:

- Staff took on additional roles.
- Staff spoke positively about families returning and residents improved well-being
- Families were extremely grateful- willing to do anything to have access to their loved ones
  - Even when they don't agree with the rules or experienced challenges/ negative issues
- Residents felt a sense of normalcy and improved emotional well-being

### High Vaccination Rates changed everything

#### Recommendations:

Staff and resources are required to implement a program (human resources, time, and financial compensations)

– greater attention to unique needs of LTC sector

Recognize the vital essential role of family and friends is the care, and quality of life of Residents

# Long Term Implications Beyond COVID

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Include families as essential partners in care and recognize the critical role they play in the daily care and lives of the residents

In future programs or for future outbreaks (such as influenza)

- Do not need to lockdown facilities from families
- Both family and staff participants think this DCG program can work in future outbreaks
  - “We have the blueprint”



# Contact Information & Acknowledgements

## Our Funders:



Thank you to the families and staff who participated in this study

The administrators from the study sites.

Our family advisory group.

AND our fabulous research assistants.



## Contact

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This project is part of the Implementation Science Teams: Strengthening Pandemic Preparedness in Long-Term Care initiatives, led by Healthcare Excellence Canada (previously Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement) with the following funding partners: the Canadian Institutes of Health research, New Brunswick Health research Foundation, Saskatchewan health Research Foundation, Centre for Aging + Brian Health Innovation and Michael Smith Foundation for Health Research