Family Visitation Programs During COVID-19 Long Term Care Restrictions: The Role and Experience of Staff (Atlantic Canada)

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TIME ADT
LTC Research at the Nova Scotia Centre on Aging

2011-2015
Care and Construction

2014-2018
Social Network Analysis

2016-2021
Seniors-Adding Life to Years

2020+
COVID-19
- LTC Family Visitation
- Best Practices to Support Family Presence and Communication
- Mental Health & Resiliency

2021+
TREC
- Quality of Work Life

FUTURE TREC Atlantic - InterRAI Resident data with Staff Quality of Work & Resident Quality of Life

Mount Saint Vincent University
## Characteristics and Context of the Six Study Sites

<table>
<thead>
<tr>
<th>Study Site</th>
<th>Province</th>
<th>Size (# of Beds)</th>
<th>Layout Design</th>
<th>Ownership Model</th>
<th>Responsible for Leading Implementation</th>
<th>Hired New Staff to Support Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site 1</td>
<td>PEI</td>
<td>120</td>
<td>Household/Neighbourhood</td>
<td>Government</td>
<td>Administrator</td>
<td>Recreation and RCWs</td>
</tr>
<tr>
<td>Site 2</td>
<td>NS</td>
<td>87</td>
<td>Traditional</td>
<td>Private-for-profit</td>
<td>Administrator</td>
<td>LTCAs</td>
</tr>
<tr>
<td>Site 3</td>
<td>NS</td>
<td>90</td>
<td>Household/Neighbourhood</td>
<td>Not-for-profit</td>
<td>Neighbourhood Manager and Lead Volunteers</td>
<td>LTCAs</td>
</tr>
<tr>
<td>Site 4</td>
<td>NS</td>
<td>36</td>
<td>Household/Neighbourhood</td>
<td>Private-for-profit</td>
<td>Administrator and DOC/DON</td>
<td>LTCAs</td>
</tr>
<tr>
<td>Site 5</td>
<td>NS</td>
<td>110</td>
<td>Traditional</td>
<td>Not-for-profit</td>
<td>Director of Recreation</td>
<td>LTCAs</td>
</tr>
<tr>
<td>Site 6</td>
<td>PEI</td>
<td>76</td>
<td>Traditional</td>
<td>Government</td>
<td>Implementation Team: Infection Control Nurse, Director of Nursing, Nurse Manager, Maintenance Manager, Support Services Manager, Recreation</td>
<td>Recreation and Environmental Staff</td>
</tr>
</tbody>
</table>
Data Collection

Facility Profile Surveys & Document Review
- 6 surveys of each study site
- 108 documents from facilities and health authority

Key Informant Interviews
- 10 key informants from British Columbia, England UK, and the Netherlands
  - Government, LTC, academics

Family and Staff Interviews
- 32 Interviews with Implementation Staff
- 22 Interviews with Direct Care Staff
- Also interviewed T1: 42 designated caregiver and T2 27 DCG as well as 15 family visitors

Total Family and Staff Interviews = 138
Findings from Implementation and Direct Care Staff Perspectives

1. Staff implementation experiences
2. Factors that enabled or inhibited implementation for staff
3. Key informant interviews – visitation programs in other jurisdictions
4. Impact on staff, residents/family,
The directive was externally driven by provincial governments. Although facilities and staff supported family member visitation, there was limited evidence on the *best way to implement* the directive.

“The directives limit us to the flexibility we would normally have”

Time restraints and pace of changes made it difficult to engage direct care staff and families in the implementation process.

Time lag between media announcements and operationalization of program changes left families and staff frustrated

“We’re trying to play catch up from the press conference”
Implementing the directive was complex.
- Balance of safety and flexibility on \textit{how} and \textit{when} families could visit.

Available and additional resources contributed to advantages and challenges of implementation.
- Human resources – hiring and re-assignment of roles
  - Staff shortages made implementing and running the program difficult
  - LTCAs were credited as the “superstars of the program” and “could not have made it happen without them”
- Space impacted visiting schedule and number of visitors
## Staff Implementation Experiences – Enablers and Barriers

### Enablers

- **Organizational Culture**
  - Team work and support from upper management

- **Staff buy-in**
  - Most staff were excited and on board.

- **Good communication processes**
  - Frequent, straight forward and excellent communication

### Barriers

- **Last-minute or lack of communication**
  - Staff left confused and then provide families with misinformation

- **Negative interactions with families**
  - Reminding of rules
Findings from Jurisdictional Key Informant Perspectives

1. Staff implementation experiences
2. Factors that enabled or inhibited implementation for staff
3. **Key informant interviews – visitation programs in other jurisdictions**
4. Impact on Staff, residents/families
Comparison with International Key Informant themes

**Key Informant Interviews (BC, UK, NL)**

- Inconsistent & multiple sources of Information (BC)
- No additional funding for training (UK and BC)
- Mental health team in each home (NL)
- Lack of PPE in early days (UK and BC)
- Evidence based decisions – partnered with “The Living Lab” (NL)
- Communication videos (NL)

**Similarities**

- Crisis management/implementation team
- Lockdown = decrease in well-being
- Positive communication and morale boosters
- Email and newsletters
- Fear of PPE shortages, but never an issue

**Funding for LTCAs (NS)**

- Unable to discuss financial implications, issues with insufficient staff
- Significant time and training

**Focus on Staff Interviews (NS; PEI)**

- Orders/directives – not a lot of room for flexibility

**Facility Documents**

- BC = British Columbia
- UK = United Kingdom (England)
- NL = Netherlands
1. Staff implementation experiences
2. Factors that enabled or inhibited implementation for staff
3. Key informant interviews – visitation programs in other jurisdictions
4. Impact on staff, residents/family
Impact of the Family Caregiver Program on Administrators

• **From Key Informant interviews**
  o Administrators - point of contact for upset families
  o Managing families expectations.

• **Additional workload challenges**
  o Increased mental health issues among Staff (fear, anxiety, work-life issues)
  o Already short staff
  o Monitoring adherence to the program rules.

*We were able to have a family council meeting *in person* in August of 2020. ... *being able to welcome families back on site, helps them see us as humans instead of as an institution. And that just, I mean, there was people who started that meeting wanting to put me on a crucifix who left with a hug, not a real hug, a virtual hug in a way.”*
Impact of the Family Caregiver Program on Staff

- **Family re-integration has positive impacts**
  - Noticed resident mental well being improved
  - Families provide instrumental and emotional support

- **Additional workload challenges**
  - Scope of work expanded e.g. scheduling, training, sanitizing, etc.
  - Monitoring adherence to the program rules.
  - Managing families expectations.

  “[Direct care staff] was speaking to caring for residents when families were not allowed in she said, "you're not supposed to get attached but you do". Hard to watch people decline, think the reason why was because there were no visitors or people around. It was an adjustment for staff. Used to not having people in. Work goes a lot smoother when no one is in, but it is better for the residents to have family.”
Impact of Family Visitation Program on Residents/Family

Impact on Residents

Mental health and overall well-being

- Residents stopped communicating as much, seemed depressed, cognitive decline, stopped eating as much

Visitation seemed to improve resident’s mood, alertness, communication, appetite (or ability to eat because of family assistance), etc.

“His eyes light up, he has a twinkle, when she first returned she said it was like he was a ghost, his personality has returned and his mood is much better.”

Impact on Families/ support person

- Mutual benefit for the resident and the family member.
- Resume a sense of routine, normality, or family roles because of the program.
- Some family of residents with dementia commented on their appreciation that they spend precious time with their loved one while the resident still remembered them
Key Takeaways

A blanket approach to family visitation is not best practice

“Providers would like to see flexibility built into visitation such that community circumstances may dictate visits, rather than a provincial approach, particularly as restrictions need to resume” KI

Most staff view the Family Visitation Program as a “blue print” that can be used in future outbreaks.

Our findings from across the globe and our two maritime provinces demonstrate the vital role families play in LTC.
Where do we go from here

- Findings are informing the *National Standards for LTC*
- Continuing research on Best Practices with Healthcare Excellence Canada
- Staff Quality of work life project
- Future.. Linking Resident outcome data with Staff Quality of Work & Resident Quality of Life
Acknowledgements

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- **Participants**: both family and staff

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