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

Centre on Aging Nova Scotia

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

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

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

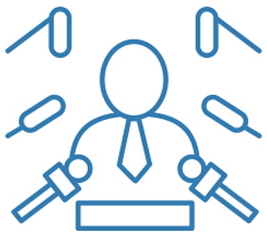
1. **Staff implementation experiences**
2. **Factors that enabled or inhibited implementation for staff**
3. Key informant interviews – visitation programs in other jurisdictions
4. Impact on staff, residents/family,

Staff Implementation Experiences – Top Down Process

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"

Staff Implementation Experiences – Complexity

Implementing the directive was complex.

- Balance of safety and flexibility on *how* and *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

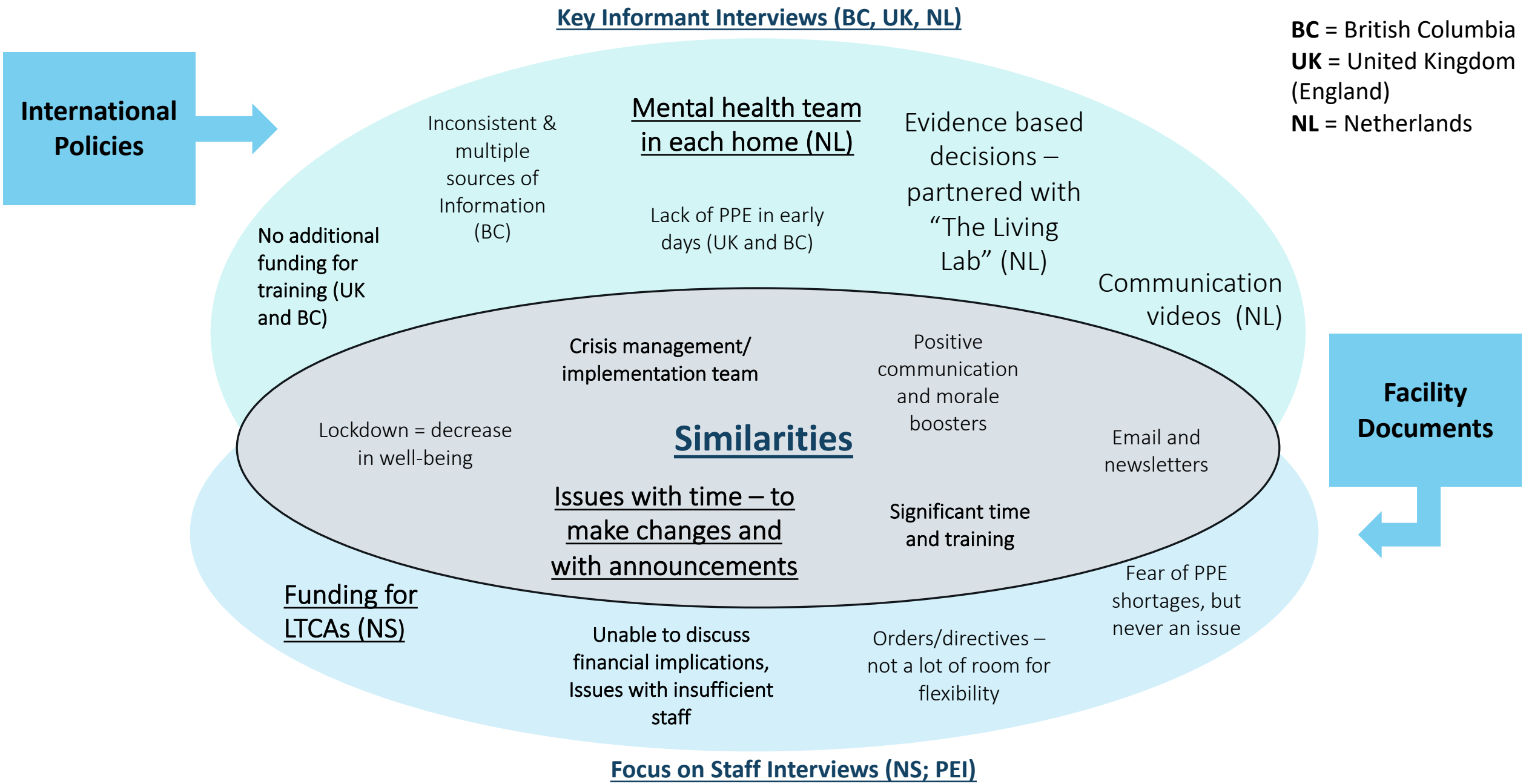
Barriers

- 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



Impact of the Family Visitation Program

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***
  - Administrators - point of contact for upset families
  - Managing families expectations.
- **Additional workload challenges**
  - Increased mental health issues among Staff (fear, anxiety, work-life issues)
  - Already short staff
  - 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

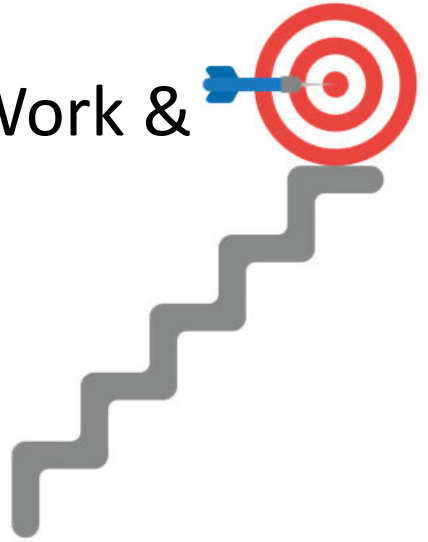
> *"Providers would like to see flexibility built into visitation such that community circumstances may dictate visits, rather than a provincial approach, particularly as restrictions need to resume" KI*

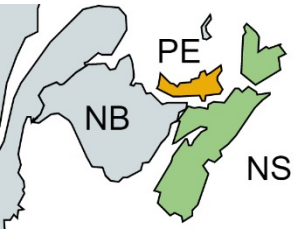
Most staff view the Family Visitation Program as a "blue print" that can be used in future outbreaks.

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





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